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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7                     |
|   | Chapter 11 Chapter 12         |
|   | Chapter 13                    |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Linda                      |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued picture identification (for example, your driver's license or passport | J.<br>Middle name          | Middle name                                   |
|    |   | Hopps                      | Wilder  |
|    |   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.                           | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years Include your married or maiden names.   | Middle name                | Middle name                                   |
|    |   | Wilder Harris              | Wilding                                       |
|    |   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social   | XXX - XX5092               | xxx - xx-                                     |
|    | Security number or federal Individual   | OR                         | OR  |
|    | Taxpayer Identification number (ITIN)   | 9 xx - xx-                 | 9 xx - xx-                                    |

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| D  | ebtor 1 Linda  | J. Hopps  | Case number (if known)   |
|----|--|---|--|
| _  | First Name   | Middle Name Last Name   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 74 E. 82nd Street  Number Street  | Number Street  |
|    |  | Chicago Illinois 60619  |  |
|    |  | City State Zip Code   | City State Zip Code  |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

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| Debtor 1 Linda   | J.   | Hopps   | Case number (if known)   |  |
|--|--|---|--|--|
| First Name   | Middle Name  | Last Name   |  |  |
| Part 2: Tell the Court   | About Your Bankruptcy C  | ase   |  |  |
| <ol> <li>The chapter of the<br/>Bankruptcy Code y<br/>are choosing to file<br/>under</li> </ol>  | ou Bankruptcy (Form B201   | description of each, see <i>Notice Req</i> 0)). Also, go to the top of page 1 and   |  | ividuals Filing for  |
| 8. How you will pay the fee  | more details about cashier's check, or may pay with a cree  I need to pay the findividuals to Pay  I request that my finded may, but is not the official poverty you choose this open. | e fee when I file my petition. Ple how you may pay. Typically, if yo money order If your attorney is dit card or check with a pre-printe fee in installments. If you choose Your Filing Fee in Installments (Coffee be waived (You may request not required to, waive your fee, and line that applies to your family significant, you must fill out the Application in the Application. | ou are paying the fee yourself, you submitting your payment on your ed address.  The this option, sign and attach the official Form 103A).  This option only if you are filing and may do so only if your income ize and you are unable to pay the | ou may pay with cash, ur behalf, your attorney a Application for for Chapter 7. By law, a sis less than 150% of a fee in installments). If |
| 9. Have you filed for bankruptcy within tast 8 years?  | No.  Yes. District  District  District   | When When When  | Case number  |  |
| 10. Are any bankruptor cases pending or being filed by a spouse who is not filing this case with you, or by a busines partner, or by an affiliate? | Yes. Debtor  | <u>W</u> hen<br><u>W</u> hen  | Relationship to you  MM / DD / YYYYY Relationship to you  MM / DD / YYYYY Case number, if k  | nown   |
| 11. Do you rent your residence?  | ✓ No. Go to  | ord obtained an eviction judgment a<br>o line 12.<br>ut <i>Initial Statement About an Eviction</i><br>ankruptcy petition.   |  |  |

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Hopps Debtor 1 Linda \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 Linda
 J.
 Hopps
 Case number (if known)

 Last Name
 Middle Name
 Last Name

| Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling |   |   |  |                                       |   |  |
|--|---|---|--|---------------------------------------|---|--|
|  |   | About Debtor 1:   |  | About Debte                           | or 2 (Sp                                    | oouse Only in a Joint Case):   |
| 15.  | Tell the court  | You must check one:   |  | You must che                          | eck one:                                    |  |
|  | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | counseli                              | ng agen<br>bankru                           | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  |
|  | The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. |   | he certificate and the payment plan, veloped with the agency.  |                                       |   | he certificate and the payment plan, veloped with the agency.  |
|  |   | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.   | counseli                              | ng agen<br>bankru                           | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.   |
|  |   |   | er you file this bankruptcy petition, opy of the certificate and payment   |                                       | T file a co                                 | er you file this bankruptcy petition, opy of the certificate and payment   |
|  | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your   | from an approve obtain those ser made my reques                   | ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the                             | from an a obtain the made my          | approve<br>nose ser<br>/ reques<br>0-day te | ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the                         |
|  | creditors can begin<br>collection activities<br>again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     | requireme<br>efforts you<br>unable to | ent, attad<br>u made t<br>obtain it         | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this |
|  |   |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   |                                       |   |  |
|  |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |                                       |   |  |
|  |   |   | he 30-day deadline is granted only mited to a maximum of 15 days.  | •                                     |   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |
|  |   | I am not required counseling beca                                 | d to receive a briefing about credit use of:   | I am not counseli                     | -   | d to receive a briefing about credit use of:   |
|  |   | Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   | ☐ Incap                               | oacity.                                     | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |
|  |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     | ☐ Disak                               | oility.                                     | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so. |
|  |   | Active duty.  | I am currently on active military duty in a military combat zone.  | Activ                                 | e duty.                                     | I am currently on active military duty in a military combat zone.  |
|  |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  | about cre                             | edit coun                                   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  |

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| Debtor 1 Linda<br>First Name  | J. Hop<br>Middle Name Last   | ops Case n  | number (if known)   |                              |
|---|--|---|---|------------------------------|
|   | estions for Reporting Purposes   | inane   |   |                              |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily co "incurred by an individual pr No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily be   | rimarily for a personal, famil<br>usiness debts? Business de<br>estment or through the ope  | lebts are debts that you incurred to obtain eration of the business or investment.  | 3                            |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fun  No.  |   | y exempt property is excluded and administrat<br>te to unsecured creditors?   | ive                          |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |                              |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 mi<br>\$10,000,001-\$50 n<br>\$50,000,001-\$100<br>\$100,000,001-\$50  | million \$1,000,000,001-\$10 bil<br>9 million \$10,000,000,001-\$50 b   | llion                        |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 mi<br>\$10,000,001-\$50 n<br>\$50,000,001-\$100<br>\$100,000,001-\$50  | million   | llion                        |
| Part 7: Sign Below  | Lhove examined this potition, and  | L doolars under papalty of n  | perjury that the information provided is true   | o and                        |
| For you   | correct.  If I have chosen to file under Chap of title 11, United States Code. It under Chapter 7.  If no attorney represents me and I out this document, I have obtaine I request relief in accordance with I understand making a false state connection with a bankruptcy cas both. 18 U.S.C. §§ 152, 1341, 15 | oter 7, I am aware that I may understand the relief available did not pay or agree to pay ad and read the notice require the chapter of title 11, Unit ment, concealing property, one can result in fines up to \$19, and 3571. | r proceed, if eligible, under Chapter 7, 11,12<br>ple under each chapter, and I choose to pro<br>r someone who is not an attorney to help m | 2, or 13<br>oceed<br>ne fill |
|   | /s/ Linda Hopps  | <b>X</b>  | Charles (Dills 2  |                              |
|   | Signature of Debtor 1  |   | Signature of Debtor 2   |                              |
|   | Executed on 9/15/2017<br>MM / DD /   | YYYY  | Executed on   |                              |

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| Debtor 1 Linda                                   | J.                        | Hopps                 | Case number (if              | known)   |
|--|---------------------------|-----------------------|------------------------------|--|
| First Name                                       | Middle Name               | Last Name             |                              |  |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. §  | 342(b) and, in a case in v   | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge afte    | r an inquiry that the | information in the sched     | ules filed with the petition is incorrect.   |
| attorney, you do not                             | •                         | , ,                   |                              | •  |
| need to file this page.                          | /s/ Megan Holmes          |                       | Date                         | 9/15/2017  |
|  | Signature of Attorney     | for Debtor            |                              | M / DD / YYYY  |
|  | ,                         |                       |                              |  |
|  |                           |                       |                              |  |
|  | Megan Holmes              |                       |                              |  |
|  | Printed name              |                       |                              |  |
|  | Semrad Law Firm           |                       |                              |  |
|  | Firm name                 |                       |                              |  |
|  | 11101 S. Western Ave      | PULLE                 |                              |  |
|  | Street                    | Silue                 |                              |  |
|  |                           |                       |                              |  |
|  | -                         |                       |                              |  |
|  | Chicago                   |                       | Illinois                     | 60643  |
|  | City                      |                       | State                        | Zip Code   |
|  |                           |                       |                              |  |
|  | Contact phone             | 3128374019            | Email address                | mholmes@semradlaw.com  |
|  |                           |                       | <del>-</del>                 |  |
|  |                           |                       | Illinois                     |  |
|  | Bar number                |                       | State                        |  |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Linda                     | J.          | Hopps                |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |
| Case number<br>(If known)                       |                           |             |                      |  |  |  |  |

| П | Check if | this    | is | an |
|---|----------|---------|----|----|
|   | amende   | d filir | ηg |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets   |   |
|---|---|
|   | <b>Your assets</b><br>Value of what you own |
| . Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$135,333.33                                |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$10,492.50                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$145,825.83                                |
| Part 2: Summarize Your Liabilities  | _   |
|   | Your liabilities<br>Amount you owe          |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule | D \$159,156.00                              |
| 8. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                         | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$81,355.25                                 |
|   | sies \$240,511.25                           |
| Your total liabilit   |   |
|   |   |
|   | \$4,032.81                                  |

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Debtor 1 Linda Hopps \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,393.81 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                                      | information to identify your  | case:   |  |  |   |
|---|---|---|--|--|---|
| Debtor 1  | Linda   | J.  | Hopps  |  |   |
| Debtor 2  | First Name  | Middle N  | ame Last Name  |  |   |
| (Spouse, if fi                                    | First Name  | Middle N  | ame Last Name  |  |   |
| United Sta  | ates Bankruptcy Court for the   | Northern  | District of Illinois (State)   |  |   |
| Case num  | nber  |   | (otate)  |  |   |
| Officia   | al Form 106A/B  |   |  | 1  | Check if this is an amended filing  |
| Sche  | dule A/B: Prope   | erty  |  |  | 12/1  |
| category v<br>responsibl<br>write your<br>Part 1: | where you think it fits best.<br>le for supplying correct info<br>name and case number (if<br>Describe Each Residen | Be as complete a<br>rmation. If more s<br>known). Answer e<br>ce, Building, Lar | st an asset only once. If an asset fits in mond accurate as possible. If two married perpace is needed, attach a separate sheet twery question.  Ind., or Other Real Estate You Own or name and or similar and or similar. | ople are filing together, both a o this form. On the top of any a          | re equally  |
|   | No. Go to Part 2  | rquitubio intoroot i  | any rosiasisse, sanang, rana, or simma   | property.  |   |
| 1.1   | Yes. Where is the property?   |   | What is the property? Check all that apply Single-family home  |  | claims or exemptions. Put red claims on <i>Schedule D</i> :                         |
| 1.1   | Street address, if available, or 74 E. 82nd Street  Number Street   | r other description   | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | Creditors Who Have Cla  Current value of the entire property?  \$135333.33 | Current value of the portion you own?   |
|   | Chicago Illinois City State  Cook County  | 60619<br>Zip Code   | Land Investment property Timeshare Other   | Describe the nature o interest (such as fee s the entireties, or a life    | imple, tenancy by   |
|   | ,   |   | Who has an interest in the property? Che one.  |  | mmunity property  |
|   |   |   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   |  |   |
|   |   |   | At least one of the debtors and another  | this item such as least  |   |
|   |   |   | Other information you wish to add about property identification 20-34-113 number:  | 3-042-0000   |   |
| If you  | own or have more than one,  | list here:  | name on  |  |   |
| 1.2   | Street address, if available, or  | r other description   | What is the property? Check all that apply Single-family home  | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. |
|   |   |   | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land  | Current value of the entire property?                                      | Current value of the portion you own?   |
|   | Number Street  City State   | Zip Code  | Investment property Timeshare Other  | Describe the nature o interest (such as fee s the entireties, or a life    | imple, tenancy by   |
|   |   |   | Who has an interest in the property? Cheone.   | Check if this is co  | mmunity property  |
|   |   |   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | _  |   |
|   |   |   | Other information you wish to add about  | this item, such as local   |   |

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| Debtor 1    |  | J.                          | Hopps Case numb   | Oer (if known)  |  |
|-------------|--|-----------------------------|---|---|--|
|             | First Name   | Middle Name                 | Last Name   |   |  |
| 1.3 <u></u> | et address, if available, or ot                                |                             | What is the property? Check all that apply.  Single-family home   | the amount of any secu  | claims or exemptions. Put ired claims on <i>Schedule D:</i> nims Secured by Property.        |
|             |  |                             | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | Current value of the entire property?                                   | Current value of the portion you own?  |
| Nun         | nber Street State  | Zip Code                    | Land Investment property Timeshare Other  | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by   |
| ο.,         |  |                             | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item | (see instructions)  | ommunity property  |
|             |  |                             | property identification number:   | i, suoii us iooui   |  |
|             | the dollar value of the po<br>ve attached for Part 1. Wi       |                             | all of your entries from Part 1, including any entri<br>lere.<br>▶  | es for pages \$13   | 5333.33  |
| Do you ow   |  | equitable interes           | t in any vehicles, whether they are registered or a also report it on Schedule G: Executory Contracts and   |   |  |
| 3. Cars, va |  | ility vehicles, motor       | rcycles   |   |  |
| 3.1         | Make<br>Model:<br>Year:  | Lincoln<br>Town Car<br>2005 | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any sec   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims <i>Secured by Property.</i> |
|             | Approximate mileage:  Other information: 2005 Lincoln Town Car | 57000                       | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Current value of the entire property? \$3294.00                         | Current value of the portion you own?<br>\$3294.00   |
|             |  |                             | Check if this is community property (see  |   |  |
| 3.2         | Make<br>Model:<br>Year:  |                             | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any sec   | claims or exemptions. Put ured claims on Schedule D:   |
|             | Approximate mileage: Other information:                        |                             | Debtor 2 only  Debtor 1 and Debtor 2 only   | Current value of the entire property?                                   | Current value of the portion you own?  |
|             |  |                             | At least one of the debtors and another  Check if this is community property (see instructions)   |   |  |

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|      | Linda   | J.          | Hopps   | Case number   |  |  |
|------|---|-------------|---|---|--|--|
|      | First Name  | Middle Name | Last Name   |   |  |  |
| 3.3  | Make  |             | Who has an interest in the p  | roperty? Check  |  | claims or exemptions. P  |
|      | Model:  |             | one.  |   |  | red claims on Schedule   |
|      | Year:   |             | Debtor 1 only   |   | Creditors with mave Cia  | nims Secured by Property   |
|      | Approximate mileage:  |             | Debtor 2 only   |   | Current value of the   | Current value of the   |
|      | Other information:  |             | Debtor 1 and Debtor 2 only  | y   | entire property?   | portion you own?   |
|      |   |             | At least one of the debtors   | and another   |  |  |
|      |   |             | Check if this is communi  | tv property (see  |  |  |
|      |   |             | instructions)   | , proposs, (555   |  |  |
| 3.4  | Make  |             | Who has an interest in the p  | roperty? Check  | Do not deduct secured  | claims or exemptions. P  |
|      | Model:  |             | one.  |   | ,  | red claims on Schedule   |
|      | Year:   |             | Debtor 1 only   |   | Creditors Who Have Cla   | nims Secured by Property   |
|      | Approximate mileage:  |             | Debtor 2 only   |   | Current value of the   | Current value of the   |
|      | Other information:  |             | Debtor 1 and Debtor 2 only  | У   | entire property?   | portion you own?   |
|      |   |             | At least one of the debtors   | and another   |  |  |
|      |   |             | Check if this is communi  | ty property (see  |  |  |
|      |   |             | instructions)   |   |  |  |
| Exan |   |             | ner recreational vehicles, other vehicles, other vehicles, other vehicles, methods in the state of the state |   |  |  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make  |             | ner recreational vehicles, other vehicles, other vehicles, must be seen that the seen that the period of the seen that the seen | otorcycle accessor  | Do not deduct secured  | · ·  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes  |             | the recreational vehicles, other very fit, fishing vessels, snowmobiles, means which we have an interest in the property one.   | otorcycle accessor  | Do not deduct secured the amount of any secu   | red claims on <i>Schedule</i>  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:  |             | who has an interest in the prone.  Debtor 1 only  | otorcycle accessor  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>iims Secured by Property   |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the prone.  Debtor 1 only  Debtor 2 only   | otorcycle accessor  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>nims Secured by Property<br>Current value of the   |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:   |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | otorcycle accessor roperty? Check                           | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>ims Secured by Property  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors  | otorcycle accessor roperty? Check y and another             | Do not deduct secured the amount of any secu Creditors Who Have Cla  |  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | otorcycle accessor roperty? Check y and another             | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>nims Secured by Property<br>Current value of the   |
| 4.1  | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi  | roperty? Check  y and another ty property (see              | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured  | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P  |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone.   | roperty? Check  y and another ty property (see              | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | claims on Schedule sims Secured by Property  Current value of the portion you own?  claims or exemptions. Pared claims on Schedule   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                   |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions) Who has an interest in the properties of the debtors   | roperty? Check  y and another ty property (see              | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | red claims on Schedule hims Secured by Property  Current value of the portion you own?   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone.   | roperty? Check  y and another ty property (see              | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P  |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                   |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone.  Debtor 1 only  | roperty? Check  and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Creditors | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P tred claims on Schedule hims Secured by Property                       |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone.  Debtor 1 only Debtor 2 only  | roperty? Check  and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the                        | red claims on Schedule nims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule nims Secured by Property  Current value of the |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone.  Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only  | roperty? Check  and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the                        | red claims on Schedule nims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule nims Secured by Property  Current value of the |

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| De       | ebtor 1                 | Linda<br>First Name              | J.<br>Middle Name  | Hopps<br>Last Name            | Case number (if known)              |  |
|----------|-------------------------|----------------------------------|--|-------------------------------|-------------------------------------|--|
| Pa       | rt 3:                   |                                  | our Personal and Household It  |                               |                                     |  |
| D        | o you                   | own or hav                       | e any legal or equitable interes   | st in any of the followi      | ing items?                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |                         | _                                | and furnishings<br>liances, furniture, linens, china, kitcher                                      | nware                         |                                     |  |
| <u> </u> |                         | Describe                         | Living Room, 2 Bedroom Sets, Chair,  | , Love Seats                  |                                     | \$200.00   |
|          |                         | tronics<br>oles: Television      | s and radios; audio, video, stereo, and  | d digital equipment; compu    | uters, printers, scanners; music    | 1  |
| <u> </u> | Yes. [                  | Describe                         | Computer, Stereo Set, Samsung  |                               |                                     | \$200.00   |
|          | Examp                   |                                  | ue und figurines; paintings, prints, or othe in, or baseball card collections; other               |                               |                                     |  |
|          | No<br>Yes. [            | Describe                         |  |                               |                                     |  |
|          |                         | les: Sports, ph                  | rts and hobbies<br>otographic, exercise, and other hobby<br>s; carpentry tools; musical instrument |                               | ol tables, golf clubs, skis; canoes |  |
| <b>✓</b> | No                      |                                  |  |                               |                                     |  |
| Ш        | Yes. L                  | Describe                         |  |                               |                                     |  |
|          | <b>0. Fire</b><br>Examp |                                  | es, shotguns, ammunition, and relate   | ed equipment                  |                                     |  |
| ✓        | No<br>Voc. 1            | Dagariba                         |  |                               |                                     | 1  |
| Ш        | 165. L                  | Describe                         |  |                               |                                     |  |
|          |                         |                                  | clothes, furs, leather coats, designer w   | vear, shoes, accessories      |                                     |  |
|          | No<br>Voc 1             | Describe                         | Misc. Women's Clothing   |                               |                                     | 1 .  |
| ⊻        | 165. 1                  | Jeschbe                          | wisc. women's clothing   |                               |                                     | \$200.00   |
|          | 2. Jew<br>Examp         | -                                | ewelry, costume jewelry, engagement<br>r   | t rings, wedding rings, heirl | loom jewelry, watches, gems,        |  |
| <u> </u> |                         | Describe                         | Misc. Jewelry  |                               |                                     | \$300.00   |
|          |                         | n-farm animal<br>oles: Dogs, cat | s<br>s, birds, horses  |                               |                                     | ı  |
| ✓        | No                      | - "                              |  |                               |                                     | 1  |
|          | Yes. [                  | Describe                         |  |                               |                                     |  |
|          | <b>4. Any</b><br>No     | other persor                     | al and household items you did no  | t already list, including a   | any health aids you did not list    |  |
|          |                         | Describe                         |  |                               |                                     |  |
| ات<br>1  |                         |                                  | lue of all of your entries from Part   | 3, including any entries      | for pages you have attached         | 00.000   |
| f        | or Part                 | t 3. Write that                  | number here  |                               |                                     | \$900.00   |

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Debtor 1 Linda Hopps Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$59.00 17.1. Checking account: Northern Trust \$59.00 17.2. Checking account: Chase 17.3. Checking account: South Division Credit Union \$100.00 17.4. Savings account: \$90.00 Chase 17.5. Savings account: South Division Credit Union \$90.00 17.6. Certificates of deposit: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.10. Other financial account: Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Debt | tor 1 Linda                                  | J.   | Hopps                            | Case number (if known)                     |       |
|------|--|--|----------------------------------|--|-------|
|      | First Name                                   | Middle Name  | Last Name                        |  |       |
| 20.  | Negotiable instrumen                         |  | iers' checks, promissory not     | tes, and money orders.                     |       |
| 21.  | Retirement or pens<br>Examples: Interests in |  | 3(b), thrift savings accounts    | , or other pension or profit-sharing plans |       |
|      | <b>✓</b> No                                  |  |                                  |  |       |
|      | Yes. List each                               | Type of account:   | Institution name:                |  |       |
|      | account separately.                          | 401(k) or similar plan:  |                                  |  |       |
|      | ocparatory.                                  | Pension plan:  |                                  |  |       |
|      |  | IRA:   |                                  |  |       |
|      |  | Retirement account:  |                                  |  |       |
|      |  | Keogh:   |                                  |  | -     |
|      |  | Additional account:  |                                  |  |       |
|      |  |  |                                  |  |       |
|      |  | Additional account:  |                                  |  | . ——— |
| 22.  |  | sed deposits you have made so ts with landlords, prepaid rent, p |                                  |  |       |
|      | Yes  | Electric:  |                                  |  |       |
|      |  | Gas:   |                                  |  |       |
|      |  | Heating oil:   |                                  |  |       |
|      |  | Security deposit on rental un                                    | it:                              |  |       |
|      |  | Prepaid rent:  |                                  |  |       |
|      |  | Telephone:   |                                  |  |       |
|      |  | Water:   |                                  |  |       |
|      |  | Rented furniture:  |                                  |  |       |
|      |  | Other:   |                                  |  | •     |
| 23.  | Annuities (A contrac                         | t for a periodic payment of mone                                 | y to you, either for life or for | a number of years)                         |       |
|      | ✓ No  Yes                                    | Issuer name and description                                      | :                                |  |       |
|      |  |  |                                  |  |       |
|      |  |  |                                  |  |       |
|      |  |  |                                  |  |       |

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| Debt | or 1 Linda<br>First Name   | J.<br>Middle Name   | Hopps<br>Last Name                     | Case number (if known)   |   |
|------|--|---|--|--|---|
| 24.  |  | n education IRA, in an account in a qualifie  |  | r a qualified state tuition program.   |   |
|      |  | 530(b)(1), 529A(b), and 529(b)(1).  | a 71222 program, or unac               | r a quamiou otato taition programi   |   |
|      | ✓ No  Yes  | Institution name and description. Separately fil  | e the records of any interest          | ts.11 U.S.C. § 521(c):   |   |
|      |  |   |  |  |   |
|      |  |   |  |  |   |
|      |  |   |  |  | -   |
| 25.  |  | able or future interests in property (other th<br>or your benefit   | an anything listed in line             | 1), and rights or powers   |   |
|      | <b>✓</b> No  |   |  |  |   |
|      | Yes. Desc  | ribe  |  |  |   |
|      |  |   |  |  |   |
| 26.  |  | yrights, trademarks, trade secrets, and other<br>ernet domain names, websites, proceeds from a  |  | ements   |   |
|      | <b>№</b> No  |   | ·, · · · · · · · · · · · · · · · · · · |  |   |
|      | Yes. Desc  | ribe  |  |  |   |
|      |  |   |  |  |   |
| 27.  | Licenses, fra  | nchises, and other general intangibles  |  |  |   |
|      | Examples: Bu   | lding permits, exclusive licenses, cooperative as   | sociation holdings, liquor li          | censes, professional licenses  |   |
|      | <b>✓</b> No  |   |  |  |   |
|      | Yes. Desc  | ribe  |  |  |   |
|      |  |   |  |  |   |
|      |  |   |  |  |   |
| Mor  | ney or prope   | ty owed to you?   |  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|      | ney or proper  |   |  |  | portion you own?  |
|      |  |   |  |  | portion you own? Do not deduct secured  |
|      | Tax refunds of No Yes. Give:   | wed to you specific information   |  | Federal:   | portion you own? Do not deduct secured  |
|      | Tax refunds or  No Yes. Give about your  | epecific information t them, including whether already filed the returns  |  | Federal:<br>State:   | portion you own?  Do not deduct secured claims or exemptions.   |
|      | Tax refunds or  No Yes. Give about your  | wed to you specific information t them, including whether   |  |  | portion you own? Do not deduct secured claims or exemptions.  |
| 28.  | Tax refunds or  No Yes. Give about your and the  | specific information t them, including whether already filed the returns the tax years  | nild support, maintenance,             | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds or  No Yes. Give about your and the  | specific information t them, including whether already filed the returns the tax years  | nild support, maintenance,             | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  | nild support, maintenance,             | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal support, c   | nild support, maintenance,             | State:  Local:  divorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal support, c   | nild support, maintenance,             | State:  Local:  divorce settlement, property settlemen  Alimony:   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00                          |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal support, c   | nild support, maintenance,             | State:  Local:  divorce settlement, property settlemen  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00                           |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal support, c   | nild support, maintenance,             | State:  Local:  divorce settlement, property settlemen  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00                     |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns he tax years   | ility benefits, sick pay, vaca         | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns he tax years   | ility benefits, sick pay, vaca         | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spousal support, c specific information  s someone owes you aid wages, disability insurance payments, disability Security benefits; unpaid loans you made to | ility benefits, sick pay, vaca         | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spousal support, c specific information  s someone owes you aid wages, disability insurance payments, disability Security benefits; unpaid loans you made to | ility benefits, sick pay, vaca         | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Interests in Insurance policies   Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  | Deb | tor 1 Linda  | J.                         | Hopps                               | Case number (if known)                     |  |
|--|-----|--|----------------------------|-------------------------------------|--|--|
| Company name:   Beneficiary:   Surender or refund   Sates Farm Life Insurance   Private   Priv |     | First Name   | Middle Name                | Last Name                           |  |  |
| Ves. Name the insurance company of each policy and list its value  | 31. |  |                            | avings account (HSA); credit, home  | eowner's, or renter's insurance            |  |
| State Farm Life Insurance Policy - Whole Proyor, Dirk Greene  Cuna Mutual Group - No Cash Value  Cuna Mutual Group - No Cash Value  2. Any interest in property that is due you from someone who has died property because someone has died.    You see the bending of a living trust, expect proceeds from a file insurance policy, or are currently entitled to receive property because someone has died.    No   |     | 브  | Con                        | npany name:                         | Beneficiary:                               | Surrender or refund value                        |
| Cuna Mutual Group - No Cash Value  Cuna Mutual Group - No Cash Value  22. Any interest in property that is due you from someone who has died If you are the beneficiary of a lowing must, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Vas. Describe  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue No Vas. Describe  34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Vas. Describe  35. Any financial assets you did not already list No Vas. Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Vas. Go to line 38.  38. Accounts receivable or commissions you already earned No Vas. Describe  No Vas. Describe No No Control as the commissions you already earned No Vas. Describe No No Secondary the description of the debtor and rights to set off claims Secondary the debtor and rights to set off claims Or and the debtor and rights to set off claims Or and the debtor and rights to set off claims Or and the debtor and rights to set off claims Or and the debtor and rights to set off claims Or and the debtor and rights to set off claims of the debtor and rights to set off claims Or and the debtor and rights to set off claims of the debtor and rights to set off claims Or and the debtor and rights to set off claims of the debtor and rights to set off claims of the debtor and rights to set off claims of the debtor and rights to set off claims Or and the debtor and rights to set off claims of the debtor and rights to set off claims of the debtor and rights to set off claims of the debtor and rights to set off claims of the debtor and rights to set off claims of the debtor and r                 |     |  |                            | e Farm Life Insurance Policy - Who  |  | \$5900.50  |
| Solution   Solution  |     |  | Cun                        | a Mutual Group - No Cash Value      |  | \$0.00   |
| 32. Any Interest in property that is due you from someone who has died   If you are the beneficiery of a like insurance policy, or are currently entitled to receive property because someone has died.  |     |  |                            | ·                                   | · -  | \$0.00   |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe  34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims  No Yes. Describe  35. Any financial assets you did not already list  No Yes. Describe  36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here   | 32. | If you are the beneficiary of a live property because someone has No | is due you from some       | eone who has died                   | r are currently entitled to receive        | -  |
| to set off claims    No  | 33. | Claims against third parties, Examples: Accidents, employm           | -                          |                                     | emand for payment                          |  |
| No   Yes. Describe   S6298.50  | 34. | to set off claims  No  | idated claims of ever      | y nature, including counterclair    | ms of the debtor and rights                |  |
| Fart 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  37. Do you own or have any legal or equitable interest in any business-related property?    No. Go to Part 6.   Current value of the portion you own?  | 35. | <b>✓</b> No  | –<br>not already list<br>– |                                     |  |  |
| 37. Do you own or have any legal or equitable interest in any business-related property?  Ves. Go to Part 6.  Yes. Go to line 38.  Current value of the portion you own?  Do not deduct secured or exemptions  38. Accounts receivable or commissions you already earned  Ves. Describe  99. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No   | 36. |  |                            |                                     |  | \$6298.50  |
| Vo. Go to Part 6.  Yes. Go to line 38.  Accounts receivable or commissions you already earned  ✓ No  Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ✓ No  |     | -  |                            |                                     |  | t1.  |
| Yes. Go to line 38.  38. Accounts receivable or commissions you already earned  ✓ No  Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ✓ No   | 37. | Do you own or have any lega  | l or equitable interes     | t in any business-related prope     | •  |  |
| No Yes. Describe  39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No   |     |  |                            |                                     |  | portion you own?<br>Do not deduct secured claims |
| Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No   | 38. | Accounts receivable or com   | missions you already       | earned                              |  |  |
| Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No   |     |  |                            |                                     |  |  |
| <u> </u>   | 39. | Examples: Business-related cor                                       |                            | dems, printers, copiers, fax machir | nes, rugs, telephones, desks, chairs, elec | tronic devices                                   |
|  |     |  |                            |                                     |  |  |

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| Deb      | tor 1 Linda                            | J.  | Hopps                        | Case number (if known)            |  |
|----------|--|---|------------------------------|-----------------------------------|--|
| 40       | First Name                             | Middle Name   | Last Name                    | arry two do                       |  |
| 40.      |  | equipment, supplies you use   | in business, and tools of yo | bur trade                         |  |
|          | No No Describe                         |   |                              |                                   |  |
|          | Yes. Describe                          |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
| 41.      | Inventory                              |   |                              |                                   |  |
|          | <b>✓</b> No                            |   |                              |                                   |  |
|          | Yes. Describe                          |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
| 42.      | Interests in partnersh                 | ips or joint ventures   |                              |                                   |  |
|          | ✓ No                                   |   |                              |                                   |  |
|          | Yes. Give specific                     | Nan   | ne of entity:                | % of ownership:                   |  |
|          | information about                      |   |                              |                                   | <u> </u>                                   |
|          | them                                   |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
| 43.      | Customer lists. mailing                | lists, or other compilations  |                              |                                   | •  |
|          |  | ,,  |                              |                                   |  |
|          |  | nclude personally identifiable ir                                       | formation (as defined in 11  | U.S.C. & 101(41A))?               |  |
|          |  | relate percertany laterantable in                                       |                              | 0.0.0.3 .0.(,9).                  |  |
|          | ☐ No                                   |   |                              |                                   |  |
|          | Yes. Desc                              | ribe  |                              |                                   |  |
| 44.      | Any business-related                   | property you did not already  | ı list                       |                                   |  |
|          | <b>✓</b> No                            |   |                              |                                   |  |
|          | Yes. Give specific                     |   |                              |                                   |  |
|          | information                            |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
|          |  |   |                              |                                   |  |
|          |  | all of your entries from Part (<br>er here                              |                              | pages you have attached           |  |
| <u> </u> | <u> </u>                               |   |                              |                                   |  |
| Part     |  | <b>arm- and Commercial Fi</b><br>n interest in farmland, list it in Par |                              | y You Own or Have an Interest In. |  |
| 46.      | •                                      |   |                              | cial fishing-related property?    |  |
| .0.      | No. Co to Doub 7                       | , .Jgar or oquitable interes  | unj lann or commerc          |                                   | Current value of the                       |
|          | No. Go to Part 7.  Yes. Go to line 47. |   |                              |                                   | portion you own?                           |
|          | Tes. do to line 47.                    | •   |                              |                                   | Do not deduct secured claims or exemptions |
| 47.      | Farm animals                           |   |                              |                                   |  |
|          | Examples: Livestock, p                 | oultry, farm-raised fish  |                              |                                   |  |
|          | <b>✓</b> No                            |   |                              |                                   |  |
|          | Yes. Describe                          |   |                              |                                   |  |
|          |  |   |                              |                                   |  |

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| Debt         | tor 1 Linda<br>First Name      | J.<br>Middle Name   | Hopps<br>Last Name      | Case number (if known)         |              |
|--------------|--------------------------------|---|-------------------------|--------------------------------|--------------|
| 48.          | Crops-either growing           |   |                         |                                |              |
|              | No Yes. Describe               |   |                         |                                |              |
| 49.          | Farm and fishing equip         | oment, implements, machinery, fix                                 | xtures, and tools of    | f trade                        |              |
|              | ✓ No Yes. Describe             |   |                         |                                |              |
| 50.          | Farm and fishing supp          | lies, chemicals, and feed   |                         |                                |              |
|              | ✓ No Yes. Describe             |   |                         |                                |              |
| 51.          | Any farm- and comme            | rcial fishing-related property you                                | did not already list    | t                              |              |
|              | ✓ No  Yes. Describe            |   |                         |                                |              |
|              |                                |   |                         |                                |              |
|              |                                | Il of your entries from Part 6, inclur here                       |                         | or pages you have attached     |              |
| Part         | 7: Describe All Pro            | perty You Own or Have an In                                       | terest in That Yo       | ou Did Not List Above          |              |
|              | Do you have other pro          | perty of any kind you did not alrea<br>s, country club membership |                         |                                |              |
|              | No No                          | s, country dub membersmp  |                         |                                |              |
|              | Yes. Give specific information |   |                         |                                |              |
|              |                                |   |                         |                                |              |
| 54 A         | dd the dollar value of a       | I of your entries from Part 7 Writ                                | e that number here      | e                              | •            |
| J4. A        | du the dollar value of a       | n of your entires nom Fart 7. white                               | e tilat liulliber liere |                                |              |
|              |                                |   |                         |                                |              |
|              |                                |   |                         |                                |              |
| Part         | 8: List the Totals of          | Each Part of this Form  |                         |                                |              |
| 55. <b>I</b> | Part 1: Total real estate      | , line 2  |                         |                                | \$135333.33  |
| 56. <b>r</b> | oart 2 total vehicles, lin     | e 5   | \$3294.00               |                                |              |
| 57. <b>P</b> | art 3: Total personal ar       | nd household items, line 15                                       | \$900.00                | <del></del>                    |              |
| 58. <b>P</b> | art 4: Total financial as      | ssets, line 36  | \$6298.50               |                                |              |
| 59. <b>I</b> | Part 5: Total business-re      | elated property, line 45  |                         |                                |              |
| 60. <b>I</b> | Part 6: Total farm- and        | fishing-related property, line 52                                 |                         |                                |              |
| 61. <b>I</b> | Part 7: Total other prop       | erty not listed, line 54  |                         |                                |              |
| 62.1         | Fotal personal property.       | Add lines 56 through 61   | \$10492.50              | Copy personal property total ▶ | + \$10492.50 |
| 00 =         |                                |   |                         |                                | \$145825.83  |
| 63. <b>T</b> | otal of all property on S      | Schedule A/B. Add line 55 + line 62.                              |                         |                                |              |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Linda                     | J.          | Hopps                        |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)                      |  |  |  |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair  | m as Exempt   |   |   |
|----|--|---|---|---|
| 1. | Which set of exemptions are you claim  | ing? Check one only, ev   | ren if your spouse is filing with you.  |   |
|    | You are claiming state and federal   | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |   |
|    | You are claiming federal exemption   | ns. 11 U.S.C. § 522(b)(   | 2)  |   |
| 2. | For any property you list on Schedule A  | N/B that you claim as e   | xempt, fill in the information below.   |   |
|    | Brief description of the property and line on Schedule A/B that lists this property    | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |
|    | Brief description: State Farm Life Insurance Policy - Whole Line from Schedule A/B: 31 | \$5,900.50  | \$0.00; \$2,008.00  100% of fair market value, up to any applicable statutory limit                 | 735 ILCS 5/12-1001(f); 735 ILCS<br>5/12-1001(b) |
|    | Brief description: 74 E. 82nd Street, Chicago, IL 60619 Line from Schedule A/B: 01     | \$135,333.33  | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-901                               |
| 3. | <b>✓</b> No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |   |

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Debtor 1 Linda J. Hopps Case number (if known)
First Name Middle Name Last Name

| Brief description of the property and<br>line on Schedule A/B that lists this<br>property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
|   | Copy the value from Schedule A/B           |   |                                    |
| Brief<br>description:   | \$200.00                                   | \$200.00  | 735 ILCS 5/12-1001(b)              |
| Living Room, 2 Bedroom Sets, Chair, Love Seats Line from Schedule A/B: 06                 |  | 100% of fair market value, up to any applicable statutory limit           | _                                  |
| Brief description:  | \$200.00                                   | <b>7</b>  | 735 ILCS 5/12-1001(b)              |
| Computer, Stereo Set, Samsung Line from   |  | \$200.00  100% of fair market value, up to any applicable statutory limit | _                                  |
| Schedule A/B: 07 Brief  |  |   | 735 ILCS 5/12-1001(b)              |
| description:  Misc. Jewelry   | \$300.00                                   | \$300.00 100% of fair market value, up to any                             | - 100 1200 0/12 1001(0)            |
| Line from Schedule A/B: 12  |  | applicable statutory limit  |                                    |
| Brief<br>description:<br>Misc. Women's Clothing   | \$200.00                                   | \$200.00  | 735 ILCS 5/12-1001(a)              |
| Line from Schedule A/B: 11  |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief description: Checking account,  | \$59.00                                    | \$59.00  100% of fair market value, up to any                             | 735 ILCS 5/12-1001(b)              |
| Northern Trust Line from Schedule A/B: 17   |  | applicable statutory limit  |                                    |
| Brief description:  | \$59.00                                    |   | 735 ILCS 5/12-1001(b)              |
| Checking account, Chase Line from   |  | \$59.00  100% of fair market value, up to any applicable statutory limit  | _                                  |
| Schedule A/B:17  Brief description:   | \$100.00                                   |   | 735 ILCS 5/12-1001(b)              |
| Checking account, South Division Credit Union   | <u> </u>                                   | \$100.00  100% of fair market value, up to any applicable statutory limit | _                                  |
| Line from Schedule A/B: 17  |  |   |                                    |
| Brief description:  | \$90.00                                    | \$90.00   | 735 ILCS 5/12-1001(b)              |
| Savings account, Chase Line from Schedule A/B: 17   |  | 100% of fair market value, up to any applicable statutory limit           | _                                  |
| Brief description:  | \$90.00                                    |   | 735 ILCS 5/12-1001(b)              |
| Savings account, South Division Credit Union  |  | \$90.00  100% of fair market value, up to any                             | _                                  |

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| ebtor 1 |   |   | Hopps                      | Case number (if known)  |  |
|---------|---|---|----------------------------|---|--|
|         | First Name Mid  | dle Name L  | ast Name                   |   |  |
| art 2:  | Additional Page   |   |                            |   |  |
| line    | f description of the property and<br>on Schedule A/B that lists this<br>perty   | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B |                            | semption you claim ox for each exemption.                       | Specific laws that allow exemption           |
| Line    | cription:  Lincoln Town Car, 2005,  2005 Lincoln Town Car  from  edule A/B:  03 | \$3,294.00  |                            | 2,400.00; \$894.00<br>market value, up to any<br>tatutory limit | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Line    | cription:  Cuna Mutual Group - No Cash Value  from edule A/B: 31                | \$0.00  | 100% of fair applicable st | \$0<br>market value, up to any<br>tatutory limit                | 735 ILCS 5/12-1001(f)                        |
| Line    | cription:  Cuna Mutual Group - No Cash Value  from edule A/B:  31               | \$0.00  | 100% of fair applicable st | \$0<br>market value, up to any<br>atutory limit                 | 735 ILCS 5/12-1001(f)                        |

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|                                |   | D                                     | ocument Page 23 of   | /1  |   |                                    |
|--------------------------------|---|---------------------------------------|--|---|---|------------------------------------|
| Fill in this inf               | ormation to identify your cas                     | se:                                   |  |   |   |                                    |
| Debtor 1                       | Linda   | J.                                    | Hopps  |   |   |                                    |
|                                | First Name  | Middle Name                           | Last Name  |   |   |                                    |
| Debtor 2<br>(Spouse, if filing | First Name  | Middle Name                           | Last Name  |   |   |                                    |
| Linited Oteter                 |   | NI a with a war                       |  |   |   |                                    |
| United States                  | s Bankruptcy Court for the:                       | Northern                              | District of Illinois (State)   |   |   |                                    |
| Case numbe                     | er  |                                       | <u> </u>   |   |   |                                    |
|                                | Form 106D   |                                       |  |   |   | Check if this is an amended filing |
| <b>Sched</b>                   | ule D: Credito                                    | ors Who Ha                            | ve Claims Secure   | ed by Prop  | ertv  | 12/15                              |
| more space i                   | is needed, copy the Additionse number (if known). | nal Page, fill it out, nu             | e are filing together, both are equ<br>nber the entries, and attach it to t                                    | •   |   |                                    |
| 1. Do any                      | creditors have claims se                          | ecured by your prope                  | ty?  |   |   |                                    |
| ☐ No                           | o. Check this box and subm                        | nit this form to the court            | with your other schedules. You have  | e nothing else to rep   | ort on this form.                                     |                                    |
| <b>✓</b> Ye                    | s. Fill in all of the information                 | n below.                              |  |   |   |                                    |
| Part 1: Lis                    | st All Secured Claims                             |                                       |  |   |   |                                    |
| separa                         | t 2. As much as possible, list                    | nan one creditor has a pa             | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
|                                | KEN LOANS   | Describe the property                 | that secures the claim:  | \$159,156.00  | \$135,333.33  | <u>\$23,822.6</u> 7                |
|                                | or's Name WOODWARD AVE                            | 74 E. 82nd Street, Chi                |  |   |   |                                    |
|                                | mber Street                                       |                                       | e, the claim is: Check all that apply.   |   |   |                                    |
|                                |   | Contingent                            |  |   |   |                                    |
| DETR                           |   | Unliquidated                          |  |   |   |                                    |
| City<br>Who                    | State ZIP Code<br>owes the debt? Check one.       | Disputed                              |  |   |   |                                    |
| <b>✓</b> D                     | ebtor 1 only                                      | Nature of lien. Check                 | all that apply.  |   |   |                                    |
|                                | ebtor 2 only                                      |                                       | made (such as mortgage or secured  |   |   |                                    |
|                                | ebtor 1 and Debtor 2 only                         | car loan)                             | a se tay lien, mechaniala lien)  |   |   |                                    |
|                                | t least one of the debtors                        |                                       | a a lawsuit  |   |   |                                    |
| ПС                             | nd another  | Judgment lien from Other (including a |  |   |   |                                    |
|                                | o a community debt<br>debt was 8/2015             | Last 4 digits of accou                | int number5507   |   |   |                                    |

Add the dollar value of your entries in Column A on this page. Write that number

incurred

here:

\$159,156.00

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| Fill in th                       | is information to identify your o  | ase:   |   |   |   |
|----------------------------------|--|--|---|---|---|
| Debtor 1                         | 1 <u>Linda</u>   | J.   | Hopps   |   |   |
|                                  | First Name   | Middle Name  | Last Name   |   |   |
| Debtor 2<br>(Spouse, i           |  | Middle Name  | Last Name   |   |   |
| (ороазе, г                       | riiiii9) First Name  | Middle Name  | Last Name   |   |   |
| United S                         | States Bankruptcy Court for the:   | Northern   | District of Illinois  |   |   |
| Case nu                          | ımher  |  | (State)   |   |   |
| (If known)                       |  |  |   | <del></del>   |   |
| Offici                           | ial Form 106E/F  |  |   |   | Check if this is an amended filing  |
|                                  |  |  |   |   |   |
| Scn                              | edule E/F: Cre   | editors who  | Have Unsec  | ured Claims   | 12/1  |
| other pa<br>Form 10<br>claims tl | rty to any executory contract<br>6A/B) and on <i>Schedule G: Exe</i><br>hat are listed in <i>Schedule D:</i> ( | s or unexpired leases that<br>ecutory Contracts and Ur<br>Creditors Who Hold Clain | at could result in a claim. A<br>nexpired Leases (Official Fo<br>ns Secured by Property. If m | Iso list executory contracts<br>rm 106G). Do not include an<br>lore space is needed, copy t | n NONPRIORITY claims. List the<br>on Schedule A/B: Property (Official<br>by creditors with partially secured<br>he Part you need, fill it out, number<br>rite your name and case number (if |
| Part 1:                          | List All of Your PRIORIT   | Y Unsecured Claims   |   |   |   |
| 1. Do                            | any creditors have priority u  | nsecured claims against  | you?  |   |   |
| <b>✓</b>                         | No. Go to Part 2.  |  |   |   |   |
|                                  |  |  |   |   |   |
|                                  | Yes.   |  |   |   |   |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

**Priority** 

amount

Nonpriority

amount

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| Debto   | r 1 Linda<br>First Name  | J.<br>Middle Name              | Hopps<br>Last Name | Case number (if known)   |                   |  |  |  |  |
|---------|--|--------------------------------|--------------------|--|-------------------|--|--|--|--|
| Part 2  | <b>-</b>   |                                |                    |  |                   |  |  |  |  |
| 3. D    | <ul> <li>Do any creditors have nonpriority unsecured claims against you?</li> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>Yes.</li> </ul> |                                |                    |  |                   |  |  |  |  |
| u<br>If | nsecured claim, list the creditor se   | parately for each claim. Fo    | r each claim liste | f the creditor who holds each claim. If a creditor has more d, identify what type of claim it is. Do not list claims already in a 3.If you have more than four priority unsecured claims fill ou   | cluded in Part 1. |  |  |  |  |
|         |  |                                |                    |  | Total claim       |  |  |  |  |
| 4.1     | AT&T<br>Nonpriority Creditor's Name  |                                | La                 | st 4 digits of account number  | \$148.21          |  |  |  |  |
|         | PO Box 105262  |                                | Wi                 | nen was the debt incurred?n/a  |                   |  |  |  |  |
|         | Atlanta Georgicity State Who incurred the debt? Check  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim relates Is the claim subject to offset?  No     | Zip Code<br>one.<br>nd another |                    | of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  D |                   |  |  |  |  |
|         | Yes  |                                |                    |  |                   |  |  |  |  |
| 4.2     | City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim relates Is the claim subject to offset? No Yes                 | one.<br>nd another             | As As Tyl          | •  | \$9,697.00        |  |  |  |  |
| 4.3     | CBNA Nonpriority Creditor's Name Po Box 6497 Number Street  Sioux Falls South City State   | n Dakota 57117<br>Zip Code     | As                 | st 4 digits of account number 3300 nen was the debt incurred? 12/2016  of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$4,024.00        |  |  |  |  |
|         | Who incurred the debt? Check  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors ar  Check if this claim relates Is the claim subject to offset?  ✓ No  Yes                 | nd another                     | Tyl                | Disputed  pe of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard   |                   |  |  |  |  |

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Debtor 1 Linda Hopps Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 \$2,726.00 Last 4 digits of account number 1471 Nonpriority Creditor's Name When was the debt incurred? 6/2009 Po Box 6497 Street Number As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls South Dakota 57117 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes CHASE CARD \$4,952.00 Last 4 digits of account number 7063 Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI When was the debt incurred? 10/2010 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ELGIN** Illinois 60124 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes CHASE CARD 4.6 \$2,610.00 Last 4 digits of account number \_ Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI When was the debt incurred? 1/2007 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ELGIN** 60124 Illinois Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts
Other. Specify \_

CreditCard

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Debtor 1 Linda Hopps Case number (if known) Middle Name First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 \$1,147.00 Last 4 digits of account number Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI When was the debt incurred? 12/2009 Number As of the date you file, the claim is: Check all that apply. Contingent **ELGIN** Illinois 60124 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes \$561.07 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11621 E. Marginal Way # 5 Number As of the date you file, the claim is: Check all that apply. Bankruptcy Dept Contingent Unliquidated Washington 98168 Seattle City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Collecting For -Is the claim subject to offset? **✓** No Yes COMENITY CAPITAL/HSN 4.9 \$2,371.00 7229 Last 4 digits of account number Nonpriority Creditor's Name 995 W 122ND AVE When was the debt incurred? 5/2011 Number As of the date you file, the claim is: Check all that apply. Contingent WESTMINSTER 80234 Colorado Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans

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Debtor 1 Linda Hopps Case number (if known) Middle Name First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 **CONNEXUS CU** \$6,296.00 Last 4 digits of account number Nonpriority Creditor's Name 2600 PINE RIDGE BL When was the debt incurred? 8/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 54401 WAUSAU Wisconsin Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify \_ 60 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.11 HSN \$2,371.97 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9090 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 33758 Florida Clearwater City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Collecting For -Is the claim subject to offset? **✓** No Yes SERVICE FINANCE COMPAN 4.12 \$9,066.00 9701 Last 4 digits of account number Nonpriority Creditor's Name 1956 NE 5TH AVE STE 8 When was the debt incurred? 7/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **BOCA RATON** 33431 Florida Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 74 E. 82nd Street, Chicago Illinois Other. Specify Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Linda Hopps Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 SYNCB/SAMS CLUB DC \$6,285.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/2007 PO BOX 965005 Number As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** Florida 32896 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.14 US Bank \$13,547.00 Last 4 digits of account number 8926 Nonpriority Creditor's Name 425 Walnut Street When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Ohio 45202 Cincinnati Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes US Bank 4.15 \$6,107.00 Last 4 digits of account number Nonpriority Creditor's Name 425 Walnut Street When was the debt incurred? 10/2013 Number As of the date you file, the claim is: Check all that apply. Contingent Ohio 45202 Cincinnati Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? No

Yes

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| Debtor 1 | Linda<br>First Name  | J.<br>Middle Name               | Hopps<br>Last Name            | Case number (if known)  |             |  |  |  |  |  |
|----------|--|---------------------------------|-------------------------------|---|-------------|--|--|--|--|--|
| Part 2:  | Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page  |                                 |                               |   |             |  |  |  |  |  |
| ,        | After listing any entries on this  | page, number them beg           | inning with 4.5, fol          | lowed by 4.6, and so forth.   | Total claim |  |  |  |  |  |
| <u> </u> | WFFNATBANK<br>Nonpriority Creditor's Name<br>PO BOX 94498<br>Number Street   |                                 | When w                        | digits of account number 6787 vas the debt incurred? 7/2014 use date you file, the claim is: Check all that apply.  | \$9,446.00  |  |  |  |  |  |
|          | LAS VEGAS Nevac City State Who incurred the debt? Check ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim relates Is the claim subject to offset? ✓ No Yes | Zip Code<br>one.<br>and another | Unl Disp Type of Stu Obl dive | ntingent iquidated puted  NONPRIORITY unsecured claim: dent loans ligations arising out of a separation agreement or orce that you did not report as priority claims ots to pension or profit-sharing plans, and other similar ots er. Specify CreditCard |             |  |  |  |  |  |

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Debtor 1 Linda Hopps Case number (if known) First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. AQUA FINANCE On which entry in Part 1 or Part 2 did you list the original creditor? Name 1 Corporate Dr #300 Line 4.10 of (Check Part 1: Creditors with Priority Unsecured Claims Street one): Number Part 2: Creditors with Nonpriority Unsecured Wausau Wisconsin 54401 Last 4 digits of account number 8365 City State Zip Code **SEARS** On which entry in Part 1 or Part 2 did you list the original creditor? PO Box 183081 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Claims Columbus Ohio 43218 Last 4 digits of account number 3300

City

State

Zip Code

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Debtor 1 Linda J. Hopps Case number (if known)

| First Nan                | ne Middle Name Last Name   |     |  |                    |  |
|--------------------------|--|-----|--|--------------------|--|
| Part 4: Add th           | e Amounts for Each Type of Unsecured Claim   |     |  |                    |  |
|                          | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. |     | tatistical reporting purposes only<br>Total claims | y. 28 U.S.C. §159. |  |
| Total claims             | 6a. Domestic support obligations.  | 6a. | \$0.00   |                    |  |
|                          | 6b. Taxes and certain other debts you owe the government   |     | \$0.00   |                    |  |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c. | \$0.00   |                    |  |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d. | \$0.00   |                    |  |
|                          | 6e. Total. Add lines 6a through 6d.  | 6e. | \$0.00   |                    |  |
|                          |  |     | Total claims                                       |                    |  |
| Total claims from Part 2 | 6f. Student loans  | 6f. | \$0.00   |                    |  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g. | \$0.00   |                    |  |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h. | \$0.00   |                    |  |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                   | 6i. | \$81,355.25  |                    |  |
|                          | 6j. Total. Add lines 6f through 6j.  | 6i. | \$81,355.25  |                    |  |

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| Fill in this infor     | mation to identify your c | ase:        |                              |
|------------------------|---------------------------|-------------|------------------------------|
| Debtor 1               | Linda                     | J.          | Hopps                        |
|                        | First Name                | Middle Name | Last Name                    |
| Debtor 2               |                           |             |                              |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name                    |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois (State) |
| Case number (If known) |                           |             | (3.410)                      |

### Official Form 106G

Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                                  |                           |   | •                            | •                 |   |
|----------------------------------|---------------------------|---|------------------------------|-------------------|---|
| Fill in this infor               | mation to identify your c | ase:  |                              |                   |   |
| Debtor 1                         | Linda                     | J.  | Hopps                        |                   |   |
|                                  | First Name                | Middle Name   | Last Name                    |                   |   |
| Debtor 2<br>(Spouse, if filing)  | First Name                | Middle Name   | Last Name                    |                   |   |
| I ledical Order 5                |                           |   |                              |                   |   |
| United States E                  | Bankruptcy Court for the: | Northern  | District of Illinois (State) |                   |   |
| Case number                      |                           |   | (=::::-,                     |                   |   |
| ,                                |                           |   |                              |                   | Check if this is ar   |
| 0.65                             | - 40011                   |   |                              |                   | amended filing  |
| Official                         | Form 106H                 |   |                              |                   |   |
| Schadul                          | e H: Your Cod             | lahtore   |                              |                   | 12/15   |
|                                  |                           |   |                              |                   | e and accurate as possible. If two married people are   |
| No Yes  2. Within the Idaho, Lor | e last 8 years, have you  | ou are filing a joint case, do lived in a community pro | operty state or territor     | <b>y?</b> (Commur | nity property states and territories include Arizona, California,   |
| Yes.                             | Did your spouse, forme    | er spouse, or legal equiva                              | alent live with you at the   | e time?           |   |
| _                                | No                        |   |                              |                   |   |
|                                  | Yes. In which communit    | y state or territory did yo                             | u live?                      | Fill in t         | the name and current address of that person.  |
|                                  | Name of your spouse, f    | ormer spouse, or legal equ                              | iivalent                     |                   |   |
|                                  | Number Street             |   |                              |                   |   |
|                                  | City                      | State   | Zip C                        | Code              |   |
|                                  |                           |   |                              |                   |   |
|                                  | •                         | -   | •                            |                   | buse is filing with you. List the person shown in line 2 and the creditor on Schedule D (Official Form 106D), |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Official Form 106H Schedule H: Your Codebtors page 1

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|                        |   |  |                       |                 |               | _              |  |            |
|------------------------|---|--|-----------------------|-----------------|---------------|----------------|--|------------|
| Fill in th             | nis information to identify   | your case:                             |                       |                 |               |                |  |            |
| Debtor 1               | 1 Linda   | J.                                     | Hopps                 | s               |               |                |  |            |
|                        | First Name  | Middle Name                            | Last N                | lame            |               | Che            | eck if this is:  |            |
| Debtor 2<br>(Spouse, i | 2<br>if filing) First Name  | Middle Name                            | Last N                | lame            |               |                | An amended filing  |            |
|                        |   |  |                       |                 |               | 1 7            | A supplement showing post-petition of                              | chapter 13 |
| United S<br>the:       | States Bankruptcy Court for   | Northern                               | District of III       | inois<br>State) |               |                | expenses as of the following date:                                 | shap to 10 |
| Case nu                |   |  | (0                    | olulo)          |               |                |  |            |
| (lf known)             |   |  |                       |                 |               |                | MM / DD / YYYY   |            |
| Offic                  | ial Form 106I   |  |                       |                 |               |                |  |            |
| Sche                   | dule I: Your In   | come                                   |                       |                 |               |                |  | 12/1       |
| spouse.                | If more space is needed (if known). Answer ever                       | , attach a separate she<br>y question. |                       |                 | -             |                | not include information about yo<br>onal pages, write your name an |            |
| 1. Fill i              | in your employment  |  | Debtor 1              | l               |               |                | Debtor 2   |            |
| info                   | rmation.  | Employment status                      |                       |                 |               |                |  |            |
|                        | ou have more than one job,  | Employment status                      | Emplo                 | •               | d             |                | Employed  Not Employed   |            |
|                        | ch a separate page with rmation about additional                      |  | ✓ NOT E               | mploye          | u             |                | Not Employed   |            |
| emp                    | oloyers.  | Occupation                             |                       |                 |               |                | · ·  |            |
|                        | ude part time, seasonal, or employed work.                            | Employer's name                        |                       |                 |               |                |  |            |
|                        |   | Employer's address                     |                       |                 |               |                |  |            |
|                        | upation may include student omemaker, if it applies.                  |  | Number St             | reet            |               |                | Number Street  |            |
|                        |   |  |                       |                 |               |                | _  |            |
|                        |   |  |                       |                 |               |                | · ·  |            |
|                        |   |  |                       |                 |               |                |  |            |
|                        |   |  | City                  |                 | State         | Zip Code       | City State Zip C   | ode        |
|                        |   | How long employed                      |                       |                 |               |                |  |            |
|                        |   | there?                                 |                       |                 |               |                |  |            |
| Part 2:                | Give Details About N  | nonthly Income                         |                       |                 |               |                |  |            |
|                        | ate monthly income as of to unless you are separated.                 | the date you file this for             | <b>m.</b> If you have | nothin          | g to report f | or any line, v | vrite \$0 in the space. Include your no                            | n-filing   |
|                        | ,   | e more than one employer               | combine the           | inform          | ation for all | emplovers fo   | r that person on the lines below. If yo                            | ou need    |
|                        | pace, attach a separate she   |  | , 00111011101110      |                 |               |                | For Debtor 2 or  | 74 11004   |
|                        |   |  |                       |                 | For Deb       | tor 1          | non-filing spouse  |            |
|                        | st monthly gross wages, sala<br>eductions.) If not paid monthly<br>e. |  |                       | 2.              |               | \$0.00         |  |            |
| 3. <b>Es</b>           | stimate and list monthly over   | rtime pay.                             |                       | 3.              |               | + \$0.00       |  |            |
| 4. <b>C</b> a          | alculate gross income. Add li   | ne 2 + line 3.                         |                       | 4.              |               | \$0.00         |  |            |
|                        |   |  |                       |                 |               |                |  |            |

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| Debtor                |  | Hopps               | Case number (if        |                                   |                         |
|-----------------------|--|---------------------|------------------------|-----------------------------------|-------------------------|
|                       | First Name Middle Name I   | Last Name           | For Debtor 1           | For Debtor 2 or non-filing spouse |                         |
| Copy                  | y line 4 here  | <b>→</b> 4 ¯        | \$0.00                 |                                   |                         |
| 5. <b>List</b>        | all payroll deductions:  |                     |                        |                                   |                         |
| 5a.                   | Tax, Medicare, and Social Security deductions  | 5a.                 | \$0.00                 |                                   |                         |
| 5b.                   | Mandatory contributions for retirement plans   | 5b.                 | \$0.00                 |                                   |                         |
| 5c. \                 | Voluntary contributions for retirement plans   | 5c.                 | \$0.00                 |                                   |                         |
| 5d.                   | Required repayments of retirement fund loans   | 5d.                 | \$0.00                 |                                   |                         |
| 5e. l                 | Insurance  | 5e.                 | \$0.00                 |                                   |                         |
| 5f. <b>[</b>          | Domestic support obligations   | 5f.                 | \$0.00                 |                                   |                         |
| 5g.                   | Union dues   | 5g.                 | \$0.00                 |                                   |                         |
| 5h.                   | Other deductions. Specify:   | _ 5h. +             | \$0.00 +               |                                   |                         |
| 6. <b>Add</b><br>+5h. | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f   | f + 5g 6.           | \$0.00                 |                                   |                         |
| 7. Calc               | ulate total monthly take-home pay. Subtract line 6 from line   | 94. 7.              | \$0.00                 |                                   |                         |
| 8. List               | all other income regularly received:   |                     |                        |                                   |                         |
| ı                     | Net income from rental property and from operating a business, profession, or farm   |                     |                        |                                   |                         |
| (                     | Attach a statement for each property and business showing<br>gross receipts, ordinary and necessary business expenses, and<br>the total monthly net income.  | 8a. <u>.</u>        | \$0.00                 |                                   |                         |
| 8b.                   | Interest and dividends   | 8b.                 | \$0.00                 |                                   |                         |
|                       | Family support payments that you, a non-filing spouse, or dependent regularly receive  | a                   |                        |                                   |                         |
|                       | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.                 | \$0.00                 |                                   |                         |
| 8d.                   | Unemployment compensation  | 8d.                 | \$0.00                 |                                   |                         |
| 8e. \$                | Social Security  | 8e.                 | \$1,639.00             |                                   |                         |
| I<br>c<br>u<br>r      | Other government assistance that you regularly receive<br>nclude cash assistance and the value (if known) of any non-<br>cash assistance that you receive, such as food stamps (benefits<br>under the Supplemental Nutrition Assistance Program) or<br>nousing subsidies<br>Specify: | 8f.                 | \$0.00                 |                                   |                         |
| 8g.                   | Pension or retirement income   | 8g.                 | \$2,281.81             |                                   |                         |
| 8h.                   | Other monthly income. Specify: Husbands Pension  | 8h. +               | \$112.00 +             |                                   |                         |
| 9. <b>Add</b>         | <b>all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +  | + 8h. 9.            | \$4,032.81             |                                   |                         |
|                       | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing sp  | 10.<br>couse        | \$4,032.81 +           | =                                 | \$4,032.81              |
| Inclu<br>frien        | te all other regular contributions to the expenses that you ude contributions from an unmarried partner, members of your ds or relatives.  not include any amounts already included in lines 2-10 or amounts.  | household, your d   | ependents, your roomr  |                                   |                         |
| Spe                   | cify:  |                     |                        | 11.                               | + \$0.00                |
|                       | d the amount in the last column of line 10 to the amount in the that amount on the Summary of Schedules and Statistical Su.  |                     |                        |                                   | \$4,032.81              |
| VVIIC                 | o and amount on the commany of concuties and cialistical ou.   | ay or ocitalli L    | asmires and Helated De | ла, п п аррноо                    | Combined monthly income |
| 13. <b>Do</b>         | you expect an increase or decrease within the year after you.  No.  Yes. Explain:  | you file this form? |                        |                                   |                         |
|                       |  |                     |                        |                                   |                         |

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|                                    |  | Docu   | iment Page 37 of 7   | 1                                   |   |
|------------------------------------|--|--|--|-------------------------------------|---|
| Fill in this infor                 | mation to identify you                       | r case:  |  |                                     |   |
| Debtor 1                           | Linda<br>First Name                          | J.<br>Middle Name  | Hopps<br>Last Name   |                                     |   |
| Debtor 2                           |  |  | Last Hamo  | Check if this is:  An amended filir | 20  |
| (Spouse, if filing)                | First Name                                   | Middle Name  | Last Name  | 브                                   |   |
| United States E                    | Bankruptcy Court for th                      | e: Northern  | District of Illinois (State)   |                                     | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)          |  |  |  | MM / DD / YYYY                      | <del>(</del>  |
| Official                           | Form 106J                                    |  |  |                                     |   |
| Schedul                            | e J: Your Ex                                 | penses   |  |                                     | 12/15   |
| information. If                    | •  |  | re filing together, both are equal<br>form. On the top of any addition |                                     |   |
| Part 1: Des                        | cribe Your Housel                            | nold   |  |                                     |   |
| 1. Is this a joi                   | nt case?                                     |  |  |                                     |   |
| ✓ No. Go                           | to line 2                                    |  |  |                                     |   |
| Yes. D                             | oes Debtor 2 live in a                       | separate household?  |  |                                     |   |
| г                                  | No   |  |  |                                     |   |
|                                    | Yes. Debtor 2 mus                            | t file Official Forms 106J-2, Exper                                      | nses for Separate Household of Deb                                     | tor 2.                              |   |
| 2. Do you hav                      | e dependents?                                | No   |  |                                     |   |
| Do not list D<br>Debtor 2.         | Debtor 1 and                                 | Yes. Fill out this information for each dependent                        | Dependent's relationship to<br>Debtor 1 or Debtor 2                    | Dependent's age                     | Does dependent live with you?                       |
|                                    | penses include<br>f people other             | No   |  |                                     |   |
| than<br>yourself and<br>dependents |  | Yes  |  |                                     |   |
| · ·                                |  | g Monthly Expenses   |  |                                     |   |
|                                    | _  |  |  |                                     | •   |
| _                                  | of a date after the ba                       |  | ou are using this form as a suppoplemental Schedule J, check the       | •                                   | •   |
|                                    |  | n-cash government assistance<br>d it on Sc <i>hedule I: Your Incom</i> e |  |                                     | Your expenses                                       |
|                                    | I or home ownership or the ground or lot. 4. |  | nclude first mortgage payments and                                     |                                     | <b>\$1,251.00</b>                                   |
| If not incl                        | uded in line 4:                              |  |  |                                     |   |

\$0.00

\$0.00

\$0.00

\$150.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Linda J. Hopps Case number (if known)
First Name Middle Name Last Name

| First Name Wilder Name Last Name  |     |               |
|---|-----|---------------|
|   |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$185.00      |
| 6b. Water, sewer, garbage collection  | 6b. | \$16.00       |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$165.00      |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$170.00      |
| 8. Childcare and children's education costs   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$20.00       |
| 10. Personal care products and services   | 10. | \$40.00       |
| 11. Medical and dental expenses   | 11. | \$0.00        |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments  | 12. | \$80.00       |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.   |     |               |
| 15a. Life insurance   | 15a | \$220.00      |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$90.00       |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | 10  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify: Social Security  | 17c | \$1,639.00    |
| 17d. Other. Specify:  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18. |               |
| 19.Other payments you make to support others who do not live with you.  |     |               |
| Specify:  | 19. | \$0.00        |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property | 20- | <b>\$0.00</b> |
| 20b. Real estate taxes.   | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20b | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  | 20c | \$0.00        |
|   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20e | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Linda             | J.   | Hopps       | Case number (if known) |            |
|----------------------------|--|-------------|------------------------|------------|
| First Name                 | Middle Name  | Last Name   |                        |            |
| 21. Other. Specify:        |  |             | 21                     | \$0.00     |
| 00.0-1-1-1                 |  |             |                        |            |
| 22. Calculate your monthl  | •  |             |                        | \$4,026.00 |
| 22a. Add lines 4 through   |  |             |                        | \$0.00     |
| ., ,                       | hly expenses for Debtor 2), if any                                     |             |                        | \$4,026.00 |
| 22c. Add line 22a and 22   | 2b. The result is your monthly exp                                     | penses.     | 22.                    |            |
| 23. Calculate your monthly | net income.  |             |                        |            |
| 23a. Copy line 12 (your    | combined monthly income) from  | Schedule I. | 23a                    | \$4,032.81 |
| 23b. Copy your monthly     | expenses from line 22 above.   |             | 23b                    | \$4,026.00 |
| 23c. Subtract your mont    | hly expenses from your monthly   | income.     |                        | \$6.81     |
| The result is your m       | nonthly net income.  |             | 23c                    |            |
|                            | pect to finish paying for your car<br>icrease or decrease because of a |             |                        |            |

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| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Linda                     | J.          | Hopps                |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
| Casa numbar            |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

### Official Form 106Dec

U.S.C. §§ 152, 1341, 1519, and 3571.

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

If two married people are filing together, both are equally responsible for supplying correct information.

12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

✓ No

☐ Yes. Name of person

✓ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✓ /s/ Linda Hopps

✓ Signature of Debtor 1

Date

MM/DD/YYYY

MM/DD/YYYY

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| ebtor 1           | Linda  | J.                       | Hopps  |  |          |   |
|-------------------|--|--------------------------|--|--|----------|---|
| ebtor 2           | First Name   | Middle Nam               | ie Last Nam  | е  |          |   |
| oouse, if filing) | First Name   | Middle Nam               | ne Last Nam  | <u>e</u>   |          |   |
| nited States      | Bankruptcy Court for the:  | Northern                 | District of Illino   |  |          |   |
| ase number        |  |                          | (State   | e)<br>   |          |   |
| •                 | Form 107   |                          |  |  |          | Check if this amended filin                                   |
| tateme            | ent of Financia  | al Affairs for           | Individuals  | Filing for Bankr   | uptcy    | 0   |
| ormation.         |  | ed, attach a separat     |  | together, both are equally<br>. On the top of any addition               |          |   |
| art 1: Give       | e Details About Your   | Marital Status an        | d Where You Lived  | Before   |          |   |
| What is           | s your current marital sta   | atus?                    |  |  |          |   |
| □ Ma              | arriad   |                          |  |  |          |   |
|                   | arried<br>ot married   |                          |  |  |          |   |
| ✓ No              |  | ou lived anywhere ot     | her than where you liv                                     | ve now?  |          |   |
| During  No        | t married<br>the last 3 years, have yo   | -                        | -  |  |          |   |
| During  No Ye     | ot married<br>the last 3 years, have yo  | ou lived in the last 3 y | -  |  |          | Dates Debtor 2 lived there                                    |
| During No Ye      | ot married  the last 3 years, have you  s. List all of the places yo   | ou lived in the last 3 y | /ears. Do not include v<br>Dates Debtor 1 lived            | vhere you live now.  |          |   |
| During  No Ye     | ot married  the last 3 years, have you  s. List all of the places yo   | ou lived in the last 3 y | /ears. Do not include v<br>Dates Debtor 1 lived            | where you live now.  Debtor 2:   |          | there   |
| During No Ye      | ot married  the last 3 years, have you  s. List all of the places you  btor 1:   | ou lived in the last 3 y | vears. Do not include v<br>Dates Debtor 1 lived<br>here    | Debtor 2:  Same as Debtor 1  |          | Same as Debtor 1  |
| During  No Ye     | the last 3 years, have your street the last 3 years, have your street the last 3 years, have your street   | ou lived in the last 3 y | vears. Do not include volume and pates Debtor 1 lived here | Debtor 2:  Same as Debtor 1  | Zip Code | there  Same as Debtor 1  From                                 |
| During  No Ye  De | the last 3 years, have your street the last 3 years, have your street the last 3 years, have your street   | ou lived in the last 3 y | vears. Do not include volume and pates Debtor 1 lived here | Debtor 2:  Same as Debtor 1  Number Street                               | Zip Code | there  Same as Debtor 1  From                                 |
| During No Ye  De  | the last 3 years, have your street the last 3 years, have your street the last 3 years, have your street   | ou lived in the last 3 y | vears. Do not include volume and pates Debtor 1 lived here | Debtor 2:  Same as Debtor 1  Number Street  City State                   | Zip Code | there  Same as Debtor 1  From To                              |
| During No Ye  De  | the last 3 years, have your state of the places you should be street.  | ou lived in the last 3 y | vears. Do not include v                                    | Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1            |
| During No Ye  De  | the last 3 years, have your search the places you search the place | ou lived in the last 3 y | vears. Do not include v                                    | Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1  From From |

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Debtor 1 Linda Hopps Case number (if known) Last Name First Name Middle Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) (Est.) YTD Pension \$18,254.48 From January 1 of current year until (Est.) YTD Husbands the date you filed for bankruptcy: \$896.00 Pension (Est.) YTD Social Security \$13,112.00 (Est.) YTD Pension \$27,381.72 For last calendar year: (Est.) YTD Husbands (January 1 to December 31, 2016) Pension \$1,344.00 (Est.) YTD Social Security \$19,668.00 (Est.) YTD Pension \$27,381.72 For the calendar year before that: (Est.) YTD Husbands (January 1 to December 31, 2015 Pension \$1,344.00 (Est.) YTD Social

\$19,668.00

Security

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Hopps Debtor 1 Linda Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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|                       | Linda   |  | J.  | Hop   | ps   | Case number (                               | if known)  |
|-----------------------|---|--|---|---|--|---|--|
|                       | First Name  |  | Middle Name   | Last  | Name   |   |  |
| Insid<br>corp<br>ager | ders include your roporations of which nt, including one for as child support | elatives; ang<br>you are an<br>or a busine | y general partners<br>officer, director, p<br>ss you operate as | ; relatives of any g<br>erson in control, o | eneral partners; parti<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? ou are a general partner; securities; and any managing domestic support obligations, |
| ✓                     | No  |  |   |   |  |   |  |
|                       | Yes. List all payr  | nents to ar                                | ı insider.  |   |  |   |  |
|                       |   |  |   | Dates of payment                            | Total amount paid                            | Amount you still owe                        | Reason for this payment  |
|                       | Insider's Name  |  |   |   |  |   |  |
|                       | Number Street   |  |   |   |  |   |  |
| _                     | City  | State                                      | Zip Code  |   |  |   |  |
|                       | Insider's Name  |  |   |   |  |   |  |
|                       | Number Street   |  |   |   |  |   |  |
|                       | City  | State                                      | Zip Code  |   |  |   |  |
| insid<br>Inclu        | der?  ude payments on o  No  Yes. List all payn                               | debts guara                                | inteed or cosigned  | d by an insider.                            | Total amount paid                            | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment   |
|                       |   |  |   |   |  |   | Include creditor's name  |
|                       | Insider's Name  |  |   |   |  |   |  |
|                       |   |  |   |   |  |   |  |
|                       | Number Street   |  |   |   |  |   |  |
|                       |   | State                                      | Zip Code  |   |  |   |  |
| _                     |   | State                                      | Zip Code  |   |  |   |  |
| _                     | City  | State                                      | Zip Code  |   |  |   |  |

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Debtor 1 Linda Hopps Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debto  | or 1 Linda J.   | Hopps                              | Case number (if known)                        |                     |
|--------|---|------------------------------------|---|---------------------|
|        | First Name Middle Name  | Last Name                          |   |                     |
|        | Within 90 days before you filed for bankruptcy, accounts or refuse to make a payment because    |                                    | ank or financial institution, set off any amo | ounts from your     |
|        | No  |                                    |   |                     |
|        | Yes. Fill in the details.   |                                    |   |                     |
|        |   | Describe the action the            | e creditor took Date action was taken         | Amount              |
|        | Creditor's Name   |                                    |   |                     |
|        |   |                                    |   |                     |
|        | Number Street   | Last 4 digits of account r         | number: YYYY-                                 |                     |
|        |   | Last 4 digits of account i         | iumber. AAAA-                                 |                     |
|        | City State Zip Code   |                                    |   |                     |
|        | Within 1 year before you filed for bankruptcy, wappointed receiver, a custodian, or another off |                                    | possession of an assignee for the benefit of  | creditors, a court- |
|        | <b>✓</b> No   |                                    |   |                     |
| İ      | Yes   |                                    |   |                     |
| Part 5 | 5: List Certain Gifts and Contributions   |                                    |   |                     |
| 13.    | Within 2 years before you filed for bankruptcy  | , did you give any gifts with a to | otal value of more than \$600 per person?     |                     |
|        | <b>▽</b> No   |                                    |   |                     |
|        | Yes. Fill in the details for each gift.   |                                    |   |                     |
|        | Gifts with a total value of more than \$600 per person  | Describe the gifts                 | Dates you gave the gifts                      | Value               |
|        |   |                                    |   |                     |
|        | Person to Whom You Gave the Gift  | <u> </u>                           |   |                     |
|        | Number Street   |                                    |   |                     |
|        | City State Zip Code   |                                    |   |                     |
|        | Person's relationship to you  |                                    |   |                     |
|        |   |                                    |   |                     |
|        | Person to Whom You Gave the Gift  |                                    |   |                     |
|        | Number Street   |                                    |   |                     |
|        | City State Zip Code   |                                    |   |                     |
|        | Person's relationship to you  |                                    |   |                     |
|        |   |                                    |   |                     |

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| btor 1   | Linda  | J.                      | Hopps   | Case number (if kno        | wn)                |                           |
|----------|--|-------------------------|---|----------------------------|--------------------|---------------------------|
|          | First Name                                   | Middle Name             | Last Name   |                            |                    |                           |
| \A/:     | ihin O waana hafana waw fi                   | lad fan bankmintar di   | id way wiya awy wifta ay aawtuil                  | tiono with a total value   | of more than \$600 | ta anu aharitu?           |
| WII      | inin 2 years before you fi                   | ied for bankruptcy, di  | id you give any gifts or contrib                  | outions with a total value | of more than \$600 | to any charity?           |
| <b>✓</b> | No   |                         |   |                            |                    |                           |
| П        | Yes. Fill in the details fo                  | r each gift or contribu | ition.  |                            |                    |                           |
| _        | Gifts or contributions t                     | o charities             | Describe what you cont                            | tributed                   | Date you           | Value                     |
|          | that total more than \$6                     |                         | Describe What you com                             | inducu                     | contributed        | Value                     |
|          | •  |                         |   |                            |                    |                           |
|          | Ob a 21 da Nivera                            |                         | _   |                            | -                  |                           |
|          | Charity's Name                               |                         |   |                            |                    |                           |
|          |  |                         | <del>-</del>                                      |                            |                    |                           |
|          | Number Street                                |                         | _   |                            |                    |                           |
|          | Nulliber Street                              |                         |   |                            |                    |                           |
|          | City State                                   | Zip Code                | <del>-</del>                                      |                            |                    |                           |
|          | ,  |                         |   |                            |                    |                           |
| 6:       | List Certain Losses                          |                         |   |                            |                    |                           |
| gar      | nbling?  No  Yes. Fill in the details.       |                         |   |                            |                    |                           |
| Ш        |  |                         |   |                            |                    |                           |
|          | Describe the property thow the loss occurred | you lost and            | Describe any insurance Include the amount that it |                            | Date of your loss  | Value of property<br>lost |
|          | now the loss occurred                        |                         | pending insurance claims                          |                            | 1033               | 1031                      |
|          |  |                         | A/B: Property.                                    |                            |                    |                           |
|          |  |                         |   |                            |                    |                           |
|          |  |                         |   |                            |                    |                           |
| 7:       | List Certain Payment                         | is or Transiers         |   |                            |                    |                           |
| <b>✓</b> | No<br>Yes. Fill in the details.              |                         | Description and value o                           | f any property             | Date payment       | Amount of                 |
|          |  |                         | transferred                                       |                            | or transfer        | payment                   |
|          | Comrad Law: Ei                               |                         | Au  |                            | was made           | ¢0.00                     |
|          | Semrad Law Firm Person Who Was Paid          |                         | Attorney's Fee - 0.00                             |                            | 9/13/2017          | \$0.00                    |
|          | 11101 S. Western Avenu                       | ie                      |   |                            |                    |                           |
|          | Number Street                                |                         | _   |                            |                    |                           |
|          |  |                         |   |                            |                    |                           |
|          |  |                         | -   |                            |                    |                           |
|          | Chicago Illinoi City State                   |                         | _   |                            |                    |                           |
|          | City State                                   | ZIP Code                |   |                            |                    |                           |
|          | Email or website address                     | ;                       | _   |                            |                    |                           |
|          | None   |                         | _   |                            |                    |                           |
|          | Person Who Made the Pa                       | ayment, if Not You      |   |                            |                    |                           |
|          |  |                         |   |                            |                    |                           |
|          | Person Who Was Paid                          |                         | _   |                            |                    |                           |
|          |  |                         | _   |                            |                    |                           |
|          | Number Street                                |                         |   |                            |                    |                           |
|          |  |                         | _   |                            |                    |                           |
|          |  |                         |   |                            |                    |                           |
|          | City State                                   | Zip Code                | _   |                            |                    |                           |
|          |  |                         | _   |                            |                    |                           |
|          | Email or website address                     |                         |   |                            |                    |                           |
|          |  |                         |   |                            |                    |                           |
|          | Person Who Made the Pa                       | avment if Not You       | _   |                            |                    |                           |

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| Person Who Was Paid  Number Street  City State Zip Code  The ordinary ocurse of your fled for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property the ordinary ocurse of your business or financial affairs? Include both outlight transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Description and value of property transferred  Description and value of property transferred  Description and value of property transferred  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person's relationship to you  Person's relationship to you  The serious before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary?  (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred | Debtor          |  | J.  |   | Case number (if known)           |                                |
|--|-----------------|--|---|---|----------------------------------|--------------------------------|
| help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No   |                 | First Name   | Middle Name                                     | Last Name   |                                  |                                |
| Person Who Was Paid  Number Street  City State Zip Code  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property the ordinary course of your business or financial affairs? Include both outlight transfer and transfers nade as security your have already listed on this statement.  No Yes. Fill in the details.  Description and value of property transfer any property or payments received or debts paid in exchange  Person Who Received Transfer  Number Street  City State Zip Code Person selationship to you  Person Who Received Transfer  Number Street  City State Zip Code Person selationship to you  Person selationship to you  In the details.  Description and value of the property to a self-settled trust or similar device of which you are beneficiary?  (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  | he              | elp you deal with your cre   | editors or to make payr                         | nents to your creditors?                          | ehalf pay or transfer any prop   | erty to anyone who promised to |
| Person Who Was Paid  Number Street  City State Zip Code  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property the ordinary course of your business or financial affairs? Include both outlight transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not and transfers that you have already listed on this statement.    No   | <u>~</u>        | 4  |   |   |                                  |                                |
| Number Street    Number Street   |                 |  |   |   | paymer<br>transfe                |                                |
| City   State   Zip Code  |                 | Person Who Was Paid  |   | _   |                                  |                                |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not and transfers that you have already listed on this statement.    No  |                 | Number Street  |   | -<br>-  |                                  |                                |
| the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not and transfers that you have already listed on this statement.  No Yes. Fill in the details.    Description and value of property transferred   Describe any property or payments received or debts paid in exchange   |                 | City State   | e Zip Code                                      | -   |                                  |                                |
| Description and value of property transferred  Describe any property or payments received or debts paid in exchange  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary?  (These are often called asset-protection devices.)  No  Yes. Fill in the details.  Description and value of the property transferred  | <b>th</b><br>In | e ordinary course of your clude both outright transfer d transfers that you have a | business or financial are and transfers made as | affairs? security (such as the granting of a secu |                                  |                                |
| Number Street  City State Zip Code Person's relationship to you  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary?  (These are often called asset-protection devices.)  No  Yes. Fill in the details.  Description and value of the property transferred   | _               |  |   |   | payments received or             |                                |
| City State Zip Code Person's relationship to you  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary?  (These are often called asset-protection devices.)  No  Yes. Fill in the details.  Description and value of the property transferred  |                 | Person Who Received T  | ransfer   | -   |                                  |                                |
| Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.  Description and value of the property transferred   |                 | Number Street  |   | _   |                                  |                                |
| Number Street  City State Zip Code Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  |                 | -  | •   | -   |                                  |                                |
| City State Zip Code Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  times  |                 | Person Who Received T  | ransfer   | -   |                                  |                                |
| Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary?  (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  time  |                 | Number Street  |   | _   |                                  |                                |
| beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  times  |                 | -  | •   | -   |                                  |                                |
| Description and value of the property transferred  ti n  | be              | eneficiary?<br>hese are often called asset-  |   | id you transfer any property to a self            | -settled trust or similar device | e of which you are a           |
|  | Ē               | Yes. Fill in the details.  |   | Description and value of the p                    | roperty transferred              | Date<br>transfer was           |
| Name of trust  |                 | Name of trust  |   |   |                                  | made                           |

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Hopps Debtor 1 Linda \_ Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Debtor 1 Linda \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

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| Debt | tor 1    | Linda<br>First Name  | J.<br>Middle           | e Name           | Hopps<br>Last Name       | Case nur                  | mber (if known)  |  |                    |
|------|----------|----------------------|------------------------|------------------|--------------------------|---------------------------|------------------|--|--------------------|
|      |          | T HOC IVERNO         | Wildeli                | Ortano           | Lest Hand                |                           |                  |  |                    |
| 26.  | Hav      | e you been a party   | y in any judicial o    | r administrative | proceeding under         | any environmental la      | aw? Include set  | tlements and orde                          | rs.                |
|      | <b>✓</b> | No                   |                        |                  |                          |                           |                  |  |                    |
|      |          | Yes. Fill in the det | ails.                  |                  |                          |                           |                  |  |                    |
|      |          |                      |                        | Cour             | t or agency              | Na                        | ature of the cas | е  | Status of the case |
|      |          | Case title           |                        |                  |                          |                           |                  |  |                    |
|      |          |                      |                        | Cour             | t Name                   |                           |                  |  | Pending            |
|      |          |                      |                        |                  |                          |                           |                  |  | On appeal          |
|      |          | Case number          |                        | Num              | berStreet                |                           |                  |  | Concluded          |
|      |          |                      |                        | City             | State                    | Zip Code                  |                  |  | ш                  |
| Part | 11:      | Give Details Ab      | oout Your Busin        | ess or Conne     | ections to Any Bus       | siness                    |                  |  |                    |
|      |          |                      |                        |                  | ,                        |                           |                  |  |                    |
| 27.  | With     | nin 4 years before   | you filed for bank     | ruptcy, did you  | own a business or h      | nave any of the follow    | wing connection  | ns to any business                         | ?                  |
|      |          | A sole propri        | etor or self-emplo     | yed in a trade,  | profession, or other     | activity, either full-tin | ne or part-time  |  |                    |
|      |          | A member of          | a limited liability of | company (LLC)    | or limited liability par | rtnership (LLP)           |                  |  |                    |
|      |          | A partner in a       | a partnership          |                  |                          |                           |                  |  |                    |
|      |          | An officer, di       | rector, or managir     | ng executive of  | a corporation            |                           |                  |  |                    |
|      |          | An owner of          | at least 5% of the     | voting or equity | securities of a corp     | oration                   |                  |  |                    |
|      | <b>7</b> | No. None of the a    | above applies. Go      | to Part 12.      |                          |                           |                  |  |                    |
|      | Ħ        |                      |                        |                  | ils below for each b     | usiness.                  |                  |  |                    |
|      | _        |                      |                        |                  | Describe the natur       |                           | Employ           | er Identification n                        | umber Do not       |
|      |          |                      |                        |                  |                          |                           | include          | Social Security nu                         | umber or ITIN.     |
|      |          | Business Name        |                        |                  |                          |                           | EIN:             |  |                    |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |
|      |          | Number Street        |                        |                  | Name of accounta         | nt or bookkooper          | Dates b          | ousiness existed                           |                    |
|      |          | City                 | State Z                | ip Code          | Name of accounta         | iiit oi bookkeepei        | From             | То   |                    |
|      |          | •                    |                        | •                |                          |                           |                  |  | <del></del>        |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |
|      |          |                      |                        |                  | B                        | 6 16 16                   | F1.              | 1.1 1.6 1                                  |                    |
|      |          |                      |                        |                  | Describe the natu        | re of the business        |                  | er Identification no<br>Social Security no |                    |
|      |          |                      |                        |                  |                          |                           | EIN:             |  |                    |
|      |          | Business Name        |                        |                  |                          |                           |                  |  |                    |
|      |          | Number Street        |                        |                  |                          |                           | Dates b          | ousiness existed                           |                    |
|      |          |                      |                        |                  | Name of accounta         | nt or bookkeeper          |                  |  |                    |
|      |          | City                 | State Z                | ip Code          |                          |                           | From _           | To   |                    |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |
|      |          |                      |                        |                  | Describe the natu        | re of the business        |                  | er Identification n                        |                    |
|      |          |                      |                        |                  |                          |                           | include          | Social Security nu                         | umber or ITIN.     |
|      |          | Business Name        |                        |                  |                          |                           | EIN:             |  |                    |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |
|      |          | Number Street        |                        |                  | Name of accounta         | nt or bookkeener          | Dates b          | ousiness existed                           |                    |
|      |          | City                 | State Z                | ip Code          | or account               | or bookkeeper             | From             | То   |                    |
|      |          | •                    |                        |                  |                          |                           |                  | 10   |                    |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |
|      |          |                      |                        |                  |                          |                           |                  |  |                    |

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| Deb  | tor 1 Linda        | J                   |                  | Hopps                        | Case number (if known)  |
|------|--------------------|---------------------|------------------|------------------------------|---|
|      | First Name         | N                   | iddle Name       | Last Name                    |   |
| 28.  | creditors, or othe |                     | ankruptcy, did y | ou give a financial statemo  | ent to anyone about your business? Include all financial institutions,  |
|      | Tes. Fill III u le | e details below.    |                  |                              |   |
|      |                    |                     |                  | Date issued                  |   |
|      | Name               |                     |                  | MM/DD/YYYY                   | -   |
|      | Number Str         | reet                |                  | _                            |   |
|      | City               | State               | Zip Code         | _                            |   |
| Pari | t 12: Sign Below   |                     |                  |                              |   |
|      |                    |                     |                  |                              | erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |                    | /s/ Linda Hopps     |                  |                              | · · · <u> </u>  |
|      | Si                 | gnature of Debtor 1 |                  |                              | Signature of Debtor 2   |
|      | Da                 | ate 9/15/2017       |                  |                              | Date  |
| I    | No Yes             | , -                 |                  | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)?  bankruptcy forms?   |
| ı    | <b>√</b> No        |                     |                  |                              |   |
|      | Yes. Name of p     | erson               |                  |                              | Attach the Bankruptcy Petition Preparer's Notice,   |

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| Fill in this information to identify your case: |            |             |                      |   |  |  |  |  |
|---|------------|-------------|----------------------|---|--|--|--|--|
| Debtor 1  | Linda      | J.          | Hopps                |   |  |  |  |  |
|   | First Name | Middle Name | Last Name            | , |  |  |  |  |
| Debtor 2  |            |             |                      |   |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            | , |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |   |  |  |  |  |
| Case number<br>(If known)                       |            |             | (State)              |   |  |  |  |  |

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: QUICKEN LOANS Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 74 E. 82nd Street, Chicago, IL 60619 | Value: \$135,333,33 Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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| Debtor  | Linda                          | J.                       | Hopps                 | Case number (if                |   |
|---------|--------------------------------|--------------------------|-----------------------|--------------------------------|---|
| 1       | First Name                     | Middle Name              | Last Name             | known)                         |   |
| Part 2: | List Your Unexpired Perso      | onal Property Leases     | <b>;</b>              |                                |   |
| informa |                                | ate leases. Unexpired le | eases are leases that | are still in effect; the lease | Leases (Official Form 106G), fill in the eperiod has not yet ended. You may |
| Des     | scribe your unexpired personal | property leases          |                       | w                              | fill the lease be assumed?  |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       | _                              | -   |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       |                                | -   |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       |                                |   |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       |                                | _   |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       |                                |   |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       |                                |   |
| Les     | sor's name:                    |                          |                       |                                | No<br>Yes   |
|         | cription of leased<br>perty:   |                          |                       | _                              | -   |
| Part 3: | Sign Below                     |                          |                       |                                |   |
| Unde    |                                |                          | r intention about any | property of my estate that     | secures a debt and any personal   |
| *       | /s/ Linda Hopps                |                          | *                     |                                |   |
| _       | gnature of Debtor 1            |                          |                       | nature of Debtor 2             |   |
| Da      | ate 9/15/2017<br>MM/DD/YYYY    |                          | Dat                   | MM/DD/YYYY                     |   |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|       |   | Northern Distric                      | ct of Illinois   |                                  |
|-------|---|---------------------------------------|--|----------------------------------|
| In re | Linda J. Hopps  |                                       | Case No.   |                                  |
|       | Debtor  |                                       |  | (If known)                       |
|       |   |                                       | Chapter  | Chapter 7                        |
|       | DISCLOSURE OF   | COMPENSATIO                           | N OF ATTORNEY F  | OR DEBTOR                        |
| (     | Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within on rendered on to be rendered on beha | e year before the filing of the p     | petition in bankruptcy, or agreed t                                      | o be paid to me, for services    |
| F     | For legal services, I have agreed to  | accept                                |  | \$1,750.00                       |
| F     | Prior to the filing of this statement   | have received                         |  | \$0.00                           |
| E     | Balance Due   |                                       |  | \$1,750.00                       |
| 2. 7  | The source of the compensation pa   | id to me was:                         |  |                                  |
|       | Debtor  | Other (specify)                       |  |                                  |
| 3. 7  | The source of the compensation pa   | id to me is:                          |  |                                  |
|       | <b>Debtor</b>   | Other (specify)                       |  |                                  |
| 4. [  | I have not agreed to share the a members and associates of my   | bove-disclosed compensation law firm. | n with any other person unless the                                       | ey are                           |
| [     |   | aw firm. A copy of the agreeme        | th a other person or persons who<br>ent, together with a list of the nam |                                  |
| 5. I  | n return for the above-disclosed fe   | e, I have agreed to render lega       | service for all aspects of the bank                                      | kruptcy case, including:         |
|       | <ul> <li>a. Analysis of the debtor's final bankruptcy;</li> </ul>                                       | ncial situation, and rendering        | advice to the debtor in determinir                                       | ng whether to file a petition in |
|       | b. Preparation and filing of any  | / petition, schedules, statemer       | nts of affairs and plan which may l                                      | be required;                     |
|       | c. Representation of the debto  | or at the meeting of creditors a      | nd confirmation hearing, and any   | adjourned hearings thereof;      |
| 6. E  | By agreement with the debtor(s), th   | e above-disclosed fee does no         | ot include the following services:                                       |                                  |
|       |   |                                       |  |                                  |
|       |   | CERTIFICA                             | ATION  |                                  |
|       | ertify that the foregoing is a compl<br>r(s) in this bankruptcy proceedings                             |                                       | nt or arrangement for payment to r                                       | me for representation of the     |
|       | 9/15/2017   |                                       | /s/ Megan Holmes   |                                  |
|       | Date  |                                       | Signature of Attorney  |                                  |
|       |   |                                       | Semrad Law Firm  |                                  |
|       |   |                                       | Name of law firm   |                                  |

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1,750.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments:

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 09/13/2017

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Hopps, Linda J.                               | Case No   |                                      |
|-----------------|---|---|--------------------------------------|
|                 | Debtor(s)                                     |   |                                      |
|                 |   | Chapter.  | Chapter7                             |
|                 | VERIFICA                                      | TION OF CREDITOR MAT                                    | RIX                                  |
| Ti<br>knowledge | he above named Debtors hereby verify tl<br>e. | nat the attached list of creditors is tr                | rue and correct to the best of their |
| Date:           | 9/15/2017                                     | /s/ Hopps, Linda<br>Hopps, Linda J.<br>Signature of Deb |                                      |

QUICKEN LOANS 1050 WOODWARD AVE DETROIT, MI, 48226

US Bank Po Box 790408 Saint Louis, MO, 63179

CBNA Po Box 6497 Sioux Falls, SD, 57117

WFFNATBANK PO BOX 94498 LAS VEGAS, NV, 89193

SERVICE FINANCE COMPAN 1956 NE 5TH AVE STE 8 BOCA RATON, FL, 33431

CONNEXUS CU 2600 PINE RIDGE BL WAUSAU, WI, 54401

AQUA FINANCE 1 Corporate Dr #300 Wausau, WI, 54401

SYNCB/SAMS CLUB DC PO BOX 965005 ORLANDO, FL, 32896

CHASE CARD BANK ONE CARD SERV 2500 WESTFIELD DRI ELGIN, IL, 60124

SEARS PO Box 183081 Columbus, OH, 43218

COMENITY CAPITAL/HSN 995 W 122ND AVE WESTMINSTER, CO, 80234

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HSN PO BOX 9090 Clearwater, FL, 33758

AT&T 2001 York Rd Oak Brook, IL, 60523

Comcast p.o. box 196 Newark, NJ, 07101

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| Debtor 1 Linda<br>First Name   | J.<br>Middle Name   | Hopps  | Case number (if known)   |  |
|--|---|--|--|--|
|  | uestions for Reporting Purpos   | Last Name  |  |  |
| 16. What kind of debts do you have?  | 16a. Are your debts primari "incurred by an individu  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primari   | ily consumer debts? Ca<br>ual primarily for a persona<br>ily business debts? Busa<br>r investment or through | al, family, or household p<br>iness debts are debts tha<br>the operation of the busi | ourpose."<br>at you incurred to obtain<br>iness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | expenses are paid that  No.   | ter 7. Do you estimate that a  | after any exempt property i<br>distribute to unsecured cre                           | is excluded and administrative<br>ditors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?   | <ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>  | 1,000-5,000<br>5,001-10,00<br>10,001-25,0  | o <u> </u>   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | Nomen C  | I-\$50 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you<br>estimate your<br>liabilities to be?   | ☐ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>☐ \$500,001-\$1 million  | Rosewell   | -\$50 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| Part 7: Sign Below   |   |  |  |  |
| For you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |
|  | /s/ Linda Hopps Signature of Debtor 1   | il & Hongs   | Signature of Debtor 2  | 2  |
| LEFE SPERIORALISMOS (Friend RESAMENT STOCKHOLISMOS AND THE SINCE AND THE STOCKHOLISMOS A | Executed on 9/13/2017   | D / YYYY   | Executed on  | MM / DD / YYYY   |

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| Fill in this info  | rmation to identify your   | 00001  |   |  |
|--|--|--|---|--|
| i  | rmation to identify your   | case.  |   |  |
| Debtor 1   | Linda  | J.   | Hopps   |  |
|  | First Name   | Middle Name  | Last Name   |  |
| Debtor 2   |  |  |   |  |
| (Spouse, if filing)  | First Name   | Middle Name  | Last Name   |  |
| United States  | Bankruptcy Court for the   | Northern   | District of Illinois  |  |
| Coop mumber  |  |  | (State)   |  |
| Case number<br>(If known)  |  |  |   |  |
| Official   | Form 106D  | ec   |   | Check if this is a amended filing  |
| Declarat   | tion About an  | Individual Debt  | or's Schedules  | 12/1   |
| You must file t  | this form whenever you<br>erty by fraud in connec                                      | file bankruptcy schedules                                | nsible for supplying correct informati<br>or amended schedules. Making a fals<br>e can result in fines up to \$250,000, | se statement, concealing property, or obtaining<br>or imprisonment for up to 20 years, or both. 18 |
| You must file t  | this form whenever you<br>erty by fraud in connec<br>1341, 1519, and 3571.             | file bankruptcy schedules                                | or amended schedules. Making a fals   | se statement, concealing property, or obtaining  |
| You must file money or prop<br>U.S.C. §§ 152,<br>Part 1: Sign              | this form whenever you<br>lerty by fraud in connec<br>1341, 1519, and 3571.<br>n Below | file bankruptcy schedules<br>etion with a bankruptcy cas | or amended schedules. Making a fals   | se statement, concealing property, or obtaining<br>or imprisonment for up to 20 years, or both. 18 |
| You must file money or prop<br>U.S.C. §§ 152,<br>Part 1: Sign              | this form whenever you<br>lerty by fraud in connec<br>1341, 1519, and 3571.<br>n Below | file bankruptcy schedules<br>etion with a bankruptcy cas | or amended schedules. Making a fals<br>e can result in fines up to \$250,000,   | se statement, concealing property, or obtaining<br>or imprisonment for up to 20 years, or both. 18 |
| You must file money or prop<br>U.S.C. §§ 152,<br>Part 1: Sign<br>Did you p | this form whenever you<br>lerty by fraud in connec<br>1341, 1519, and 3571.<br>n Below | file bankruptcy schedules<br>etion with a bankruptcy cas | or amended schedules. Making a fals<br>e can result in fines up to \$250,000,   | se statement, concealing property, or obtaining or imprisonment for up to 20 years, or both. 18    |

MM/DD/YYYY

halt

Date 9/13/2017 MM/DD/YYYY

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| Debtor 1 |  | J.   | Hopps                       | Case number (if known)   |
|----------|--|--|-----------------------------|--|
|          | First Name   | Middle Name                                    | Last Name                   |  |
| 28. Wi   | thin 2 years before you filed to editors, or other parties.  No Yes. Fill in the details below |  | ou give a financial stater  | nent to anyone about your business? Include all financial institutions,  |
| <b></b>  |  |  | Date issued                 |  |
|          |  |  | Date 155acu                 |  |
|          | Name   |  | MM/DD/YYYY                  | _  |
|          | Number Street  |  |                             |  |
|          | Number Street  |  |                             |  |
|          | City State   | Zip Code                                       | _                           |  |
| FEET     | 0: D. I  | ·  |                             |  |
| Part 12: | Sign Below   |  |                             |  |
| true     | and correct. I understand the  | at making a false sta<br>ines up to \$250,000, | tement, concealing prop     | ments, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 0 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | Signature of Debte   | or 1   | 17/                         | Signature of Debtor 2  |
|          | Date 9/13/2017   |  |                             | Date   |
| D:4      |  |  |                             |  |
| ыа у     | ou attach additional pages t   | o Your Statement of                            | Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?  |
| 回。       | No   |  |                             |  |
|          | l'es   |  |                             |  |
| Did y    | ou pay or agree to pay some  | one who is not an at                           | torney to help you fill out | bankruptcy forms?  |
|          | ٧o   |  | - <del>-</del>              | •  |
|          | Yes. Name of person  |  |                             | Attach the Papler inter Potition Property Notice   |
|          | Too. Name of person  |  |                             | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)  |

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|               | Linda                                     | J  | Hopps   | Case number (if  |
|---------------|---|--|---|--|
| 1             | First Name                                | Middle Name  | Last Name   | known)   |
| art 2:        | List Your Une                             | xpired Personal Property Lease   | s   |  |
| or any        | unexpired personation below. Do no        | nal property lease that you listed in  | Schedule G: Executo<br>leases are leases tha  | ry Contracts and Unexpired Leases (Official Form 106G), fill in the it are still in effect; the lease period has not yet ended. You may 1 U.S.C. § 365(p)(2).  |
| De            | scribe your unexp                         | ired personal property leases  |   | Will the lease be assumed?   |
| Les           | ssor's name:                              |  |   | □ No □ Yes   |
|               | scription of leased perty:                | nnementen van en   | maker avis, lather of suffering sufficiely dependent engineers and a size of an experience        | TO STATE OF THE CONTRACT OF TH |
| Les           | ssor's name:                              |  |   | No Section of the sec |
|               | scription of leased perty:                |  |   |  |
| Les           | sor's name:                               |  |   | □ No<br>□ Yes  |
|               | scription of leased perty:                |  |   |  |
| Les           | ssor's name:                              |  | artine della ammana, ammana i manari e risperi arrayo mana in e e e e e e e e e e e e e e e e e e | ☐ No<br>☐ Yes  |
|               | scription of leased perty:                |  |   |  |
| Les           | sor's name:                               |  |   | ☐ No<br>☐ Yes  |
|               | scription of leased<br>perty:             |  |   |  |
| Les           | sor's name:                               |  |   | □ No □ Yes   |
|               | cription of leased<br>perty:              |  |   |  |
| Les           | sor's name:                               | And the second s | e<br>e e e e e e e e e e e e e e e e e e e  | □ No □ Yes   |
|               | cription of leased<br>perty:              |  |   | Name of the state  |
|               | Sign Below                                | en e   |   |  |
| Unde<br>prope | r penalty of perju<br>erty that is subjec | ry, I declare that I have indicated met to an unexpired lease.   | y intention about any   | property of my estate that secures a debt and any personal   |
|               | 's/ Linda Hopps<br>gnature of Debtor 1    | Durch Hogel  | ✓ <b>×</b>  | gnature of Debtor 2  |
| Da            | ete 9/13/2017<br>MM/DD/YYYY               | -  | Da  | MM/DD/YYYY   |

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| Debtor 1 Linda<br>First Name  | J.<br>Middle Name  | Hopps<br>Last Name                        | Case number (if knc            | own)                                   |
|---|--|---|--------------------------------|--|
| Histinghe   | WIGGE VEHIC  | Cast Name                                 | Column A<br><b>Debtor 1</b>    | Column B Debtor 2 or non-filing spouse |
| 8. Unemployment compensation Do not enter the amount if you under the Social Security Act. In   | contend that the amount i  | received was a benefit                    | \$0.00                         |  |
| For you<br>For your spouse  |  | \$1,639.00<br>\$0.00                      |                                |  |
| Pension or retirement income<br>benefit under the Social Security   |  | unt received that was a                   | \$2,281.81                     |  |
| 10.Income from all other source<br>amount. Do not include any being payments received as a victim of international or domestic terroris page and put the total below. | nefits received under the So<br>f a war crime, a crime agail   | ocial Security Act or<br>nst humanity, or |                                |  |
| Total amounts from separate pa  | nges, if any.  |   | +\$112.00                      | +                                      |
| 11. Calculate your total current each   | monthly income. Add lin  | es 2 through 10 for                       | \$ <u>2,393.81</u> +           | = \$2,393.81                           |
| column. Then add the total fo   | or Column A to the total for   | Column B.                                 |                                |  |
|   |  |   |                                | Total current<br>monthly income        |
| Part 2: Determine Whether   |  |   |                                |  |
| <ol> <li>Calculate your current month</li> <li>Copy your total current month</li> </ol>   | •  | •   | Copy                           | line 11 here → \$2,393,81              |
| Multiply by 12 (the number  | •  |   |                                | X 12                                   |
| 12b. The result is your annual in   | ocome for this part of the fo  | om.                                       |                                | 12b. <u>\$28,725.72</u>                |
| 13 Calculate the median family i  | ncome that applies to yo   | ou. Follow these steps:                   |                                |  |
| Fill in the state in which you live   | general management of the second management of | Illinois                                  |                                |  |
| Fill in the number of people in y   | our household.   | 1<br>************************************ |                                |  |
| Fill in the median family income household.   | for your state and size of   |   |                                | 13. \$50,765.00                        |
| To find a list of applicable media instructions for this form. This li  |  |   |                                |  |
| 14. How do the lines compare?   | ot may also be available at  | ine bankaptey derk 3 dir                  | 100.                           |  |
| 14a. Line 12b is less than of Go to Part 3.   | r equal to line 13. On the t   | op of page 1, check box                   | 1, There is no presumption of  | abuse.                                 |
| 14b. Line 12b is more than<br>Go to Part 3 and fill ou  |  | e 1, check box 2, The pro                 | esumption of abuse is determin | ned by Form 122A-2.                    |
| Part 3: Sign Below  |  |   |                                |  |
| By signing here, I declare unde   | r penalty of perjury that the  | information on this state                 | ement and in any attachments i | s true and correct.                    |
| . 4   | 1. 111   | 4-  |                                |  |
| /s/ Linda Hopps Signature of Debtor 1   | nief Hoz   | ×   | Signature of Debtor 2          |  |
| Date 9/13/2017<br>MM/DD/YYYY  |  |   | Date 9/13/2017<br>MM/DD/YYYY   |  |
| If you checked line 14a, do N   |  |   |                                |  |

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| Debtor 1 Linda                  | J.                | Hopps     | Case number (if known | )                                       |  |
|---------------------------------|-------------------|-----------|-----------------------|---|--|
| First Name                      | Middle Name       | Last Name |                       |   |  |
|                                 |                   |           | For Debtor 1          | For Debtor 2 or non-filing spouse       |  |
| 10.Income from other sources    | not listed above: |           |                       | • |  |
| 1. Income from all other source | es                |           | \$112.00              | \$0.00                                  |  |

L. Jett.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Hopps, Linda J. | Case No   | Case No.                             |  |
|-----------------|-----------------|---|--------------------------------------|--|
| <u></u>         | Debtor(s)       | Oase No   |                                      |  |
|                 |                 | Chapter.  | Chapter7                             |  |
|                 | VERIFIC         | CATION OF CREDITOR MA                                 | TRIX                                 |  |
| Ti<br>knowledge |                 | y that the attached list of creditors is t            | rue and correct to the best of their |  |
| Date:           | 9/13/2017       | /s/ Hopps, Lind<br>Hopps, Linda J.<br>Signature of De | · Sure first                         |  |